

**FAMILY PLANNING SERVICE EXPANSION
&
TECHNICAL SUPPORT
(SEATS II) PROJECT**

FINAL REPORT

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June 2000

**John Snow, Inc.
1616 N. Fort Myer Drive
Eleventh Floor
Arlington, VA 22209**

USAID Contract No. CCP-C-00-94-00004-10

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LIST OF ACRONYMS

ACF	Allocable Cost Factor
ACNM	The American College of Nurse-Midwives
AFPA	Albanian Family Planning Association
AIDS	Acquired Immune Deficiency Syndrome
ANE	SEATS Asia and Near East Region
ANSFS	Association Nationale des Sage-Femmes Sénégalaises (Senegalese Midwifery Association)
ARO	Africa Regional Office
ASBEF	Association Sénégalaise de Bien-Etre Familial (Senegalese Association for Family Welfare)
AVSC	AVSC International
BASICS	Basic Support for Institutionalizing Child Survival
CA	Cooperating Agency
CAR	Central Asian Republics
CASP/PLAN	Community Aid and Sponsorship Programme (India)
CBD	Community-Based Distribution or Distributor
CDC	Centers for Disease Control and Prevention
CMA	Cambodian Midwives Association
COTR	Contracting Officer's Technical Representative
CPFF	Cost plus fixed fee
CPR	Contraceptive Prevalence Rate
CQI	Continuous Quality Improvement
CTO	Cognizant Technical Officer
CYP	Couple-years of Protection
DBMS	Database Management System
DISH	Developing Interventions for Sustainable Health
FGP	Family Group Practice (Kyrgyzstan)
FHI	Family Health International
FP	Family Planning
FPLM	Family Planning Logistics Management Project
FPPMES	Family Planning Program Monitoring and Evaluation System
FS	Field Support
GTZ	German Development Agency
HAI	Health Alliance International (Mozambique)
HEAL	Health Education and Adult Literacy
HIV	Human Immunodeficiency Virus
HQ	Headquarters
ICO	Independent Clinics Organization (Zimbabwe)
ICPD	International Conference on Population and Development
IEC	Information, Education, and Communication
IPPF	International Planned Parenthood Federation

IUD	Intrauterine device
JHPIEGO	JHPIEGO Corporation
JHU/PCS	Johns Hopkins Center for Communication Programs
JICA	Japan International Cooperation Agency
JSI	John Snow, Inc.
LAM	Lactational Amenorrhea Method
LOE	Level of Effort
LSS	Life Saving Skills
LTPM	Long-term and Permanent Methods
MAPS	Midwifery Association Partnerships for Sustainability
MAQ	Maximizing Access and Quality
M&E	Monitoring and Evaluation
MIS	Management Information System
MCH	Maternal and Child Health
MMR	Maternal Mortality Ratio
MOH	Ministry of Health
MOU	Memorandum of Understanding
MWRA	Married Women of Reproductive Age
MAPS	Midwifery Association Partnerships for Sustainability
NGO	Nongovernmental Organization
NIS	Newly independent states
NORPLANT®	NORPLANT® implants
NUEW	National Union of Eritrean Women
NUEYS	National Union of Eritrean Youth and Students
OMNI	Opportunities for Micronutrient Interventions
PAPF	Projet Alphabétisation Priorité Femme
PATH	Program for Appropriate Technology in Health
PBC	Performance-based Contract
PCG	Project Coordination Group
PHC	Primary Health Care
PHNC	Population, Health, and Nutrition Center
PIR	Performance Improvement Review
PNPF	Programme National de Planification Familiale (National Family Planning Program-Senegal)
PPAE	Planned Parenthood Association of Eritrea
PPFA	Planned Parenthood Federation of America
PR	Performance Result
PSI	Population Services International
PVO	Private Voluntary Organization
PY	Project Year
QAP	Quality Action Plans
QOC	Quality of Care
RACHA	Reproductive and Child Health Association
RHAC	Reproductive Health Association of Cambodia
RH	Reproductive Health
SANFAM	Santé de la Famille (Senegal)

SCF	Save the Children Federation
SDP	Service Delivery Point
SEATS	Family Planning Service Expansion and Technical Support Project
SI	Special Initiative
SO	Strategic Objective
SSDS	Social Sectors for Development Strategies
SSK	Soysal Sigortalar Kurumu (Social Security Institution-Turkey)
STD	Sexually Transmitted Disease
TA	Technical Assistance
TADB	Technical Assistance Database
TdH	Terre des Hommes
UI	Urban Initiative
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNFPA	United Nations Population Fund
UPMA	Uganda Private Midwives Association
USAID	United States Agency for International Development
VSC	Voluntary Surgical Contraception
WEI	World Education, Inc.
WHO	World Health Organization
WLI	Women's Literacy Initiative
WRC	World Relief Corporation
WRHP	Women's Reproductive Health Project
WV	World Vision
ZNA	Zambia Nurses Association
ZNFPC	Zimbabwe National Family Planning Council

EXECUTIVE SUMMARY

The Family Planning Service Expansion and Technical Support (SEATS) Project was a ten-year project implemented by John Snow, Inc. (JSI) in two five-year intervals: 1989-1995 (SEATS I) and 1995-2000 (SEATS II). It was one of the major family planning service delivery programs of the United States Agency for International Development's (USAID's) Global Population, Health, and Nutrition Center (G/PHNC). The purpose of SEATS was "to expand the development of, access to, and use of family planning and reproductive health services in underserved populations and ensure that unmet need for these services is addressed through the provision of appropriate financial, technical and human resources."

SEATS I, with a lifetime ceiling of \$48.7 million, worked in 23 countries, funding a total of 43 family planning (FP) subprojects in 14 countries. SEATS II, a five-year prime contract with a \$54 million ceiling, was awarded to JSI in January 1995 as a performance-based contract (PBC). The first year of SEATS II was implemented concurrently with the last year of SEATS I. SEATS II worked in 20 countries, implementing 30 FP and reproductive health (RH) subprojects in 11 countries and successfully meeting the requirements of three performance results (PRs).

The purpose of the SEATS II Project as set forth in the contract remained the same as SEATS I— "to expand the development of, access to, and use of quality family planning and reproductive health services in currently underserved populations and ensure that unmet demand for these services was addressed through the provision of appropriate financial, technical, and human resources." The addition of the broader RH focus in SEATS II was a reflection of the evolution of USAID policy following the 1994 International Conference on Population and Development (ICPD) in Cairo.

To achieve the objectives of the project, JSI subcontracted to several key partners, including:

- The American College of Nurse-Midwives (ACNM)
- AVSC, International
- Initiatives, Inc.
- Planned Parenthood Federation of America (PPFA)
- Program for Appropriate Technology in Health (PATH),
- Social Sectors for Development Strategies (SSDS), and
- World Education, Inc. (WEI).

Under SEATS II, the subcontractor partners each carried out critical technical roles, while JSI provided technical leadership, overall project management, and coordination.

Midway through SEATS II, the contract was amended to be more consistent with USAID's new strategic planning framework and processes. Along with the milestones already achieved, and two transitional milestones to see the project through a lengthy modification process, three new PRs were added to the SEATS II contractual requirements. With the contract modification secured, the final composition of SEATS II included:

- Country programs and subprojects funded primarily by field support (FS), and based on level-of-effort requirements;
- Special Initiatives (SIs), funded primarily by core funds, bringing innovative approaches to FP/RH activities in the field, including:
 - Midwifery Association Partnerships for Sustainability
 - Urban Initiative
 - Youth Initiative
 - Integrating FP/RH into nongovernmental organization (NGO)/private voluntary organization (PVO) programs
 - Women's Literacy Initiative
- Three performance results, primarily supported with core funds:
 - PR-1: Analysis, Documentation, and Dissemination
 - PR-2: PVO Integration and Capacity Building
 - PR-3: Leveraging
- Three technical initiatives and emphases applied to all field efforts:
 - Quality
 - Sustainability
 - Monitoring and Evaluation

USAID's re-engineering and emphasis on field-driven, field-funded programs meant that each SEATS subproject and country program was developed from discussions with USAID Mission and local partners. SEATS found that its broad mandate, multidisciplinary capabilities, and wide-ranging skills were essential in responding quickly and comprehensively to the varying local needs. USAID Missions sometimes turned to SEATS for assistance primarily because of its flexibility and adaptability. Other major SEATS accomplishments included:

- Assisting in such diverse areas as information, education, and communication (IEC), logistics, clinical training, human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) prevention, policy, strategic planning, and institutional capacity building.
- Helping USAID respond rapidly and appropriately to new ideas and challenges raised by the 1994 ICPD call to address the full range of RH needs of people at different life stages.
- Fostering the development of client-centered services that placed the customer at the center of all activities.

This document is the Final Report for SEATS and focuses on the implementation and achievements of SEATS II. It describes how SEATS approached countries strategically with a portfolio of proven approaches and innovations. SEATS helped establish "nuts and bolts" FP/RH programs that ensured that all key service delivery components were in place, were promoted, and were continuously improved.

SEATS has been an important ten-year effort—for USAID, for JSI and its implementing partners; for country-level partners and institutions charged with providing health and family planning services to their populations; and, most importantly, for the ultimate beneficiaries—the clients, recipients of the expanded and improved FP/RH services in areas where SEATS has worked.

THE SEATS PROJECT: A SPECIAL MANDATE

1. Project Background, Purpose, and Objectives

a. SEATS I

In 1989, USAID awarded a five-year contract to JSI to implement the SEATS Project. The project's purpose was to "expand the development of, access to and use of quality family planning services in currently underserved populations; and ensure that unmet need for these services was addressed through the provision of appropriate financial, technical and human resources." In the beginning, SEATS I had a clear mandate from USAID to focus on low-prevalence countries, particularly in sub-Saharan Africa and selected countries in Asia, the Near East, and the South Pacific. SEATS I worked in 23 countries, funding a total of 43 subprojects in 14 countries, with a ceiling of \$48.7 million.

Some novel strategic approaches were implemented under SEATS I. It was among the first of USAID's cooperating agencies (CAs) to discourage funding recurrent costs in its programs as an effort to encourage sustainability. It focused initially on *urban* areas, where growth was rapid and where innovation was likely to take place first and be most successful. It challenged the common wisdom that programs needed to focus on strengthening nonclinical methods before long-term and permanent methods (LTPMs) were introduced. Finally, it worked with the public and private/commercial sectors.

SEATS I operated with significant (82 percent) core funding from USAID, which gave it considerable flexibility to expand programs outside of Mission buy-in funds. USAID policy at the time enabled SEATS to use the funds to initiate innovative and national family planning programs to jumpstart country implementation, thereby attracting follow-on buy-in funding from Missions.

Toward the end of SEATS I, events took place that would ultimately change SEATS' shape and focus. USAID's emphasis on big strategy countries led to "right sizing," which meant the closing of some country Missions and programs and the evolution of several regional projects. More than half of the original SEATS I countries either transitioned into bilaterals, transitioned to other donors, or transitioned to the West Africa regional project. Also, USAID experienced delays in issuing the procurement for the SEATS follow-on project, resulting in SEATS I prematurely closing or considerably reducing the scope of remaining country subprojects. (See Table 1.) In the months between the proposal submission and SEATS II award, the International Conference on Population and Development (ICPD) was held in Cairo, Egypt. It was at this time, too, that USAID introduced the field support funding system.

b. SEATS II

In January 1995, the five-year SEATS II project was awarded to JSI with a ceiling of \$54.4 million. As with SEATS I, the overall purpose of SEATS II was to "expand the development of, access to and use of quality family planning *and reproductive health* services in currently

underserved populations and ensure that unmet need for these services is addressed through the provision of appropriate financial, technical and human resources.” The addition of the broader RH focus in SEATS II was a reflection of the evolution of USAID policy following the ICPD in Cairo.

Table 1. Transition From SEATS I to SEATS II: Fate of Country Activities

FATE	SEATS I	SEATS II
Active in both	Turkey Uganda Zimbabwe	Turkey Uganda Zimbabwe
Closed by civil strife and evacuation	Rwanda Zaire	
Transitioned to USAID bilaterals	Madagascar Morocco Yemen	
Transitioned to other donors (World Bank, AusAid.) after USAID Mission closing	Papua New Guinea Fiji/Tonga	
Intended for continuation but transitioned in 1995 to West Africa Regional Project after USAID Mission closing	Burkina Faso Cameroon Cote d’Ivoire Togo	Burkina Faso (PY1) Cameroon (PY1) Togo (PY1)
Intended for continuation but insufficient field support	Malawi	
Not intended for continuation, work completed before end of project	Benin Tunisia	
SEATS I Regional Office relocated to Senegal from Togo		Senegal
Follow-ons to SEATS I Urban Study		Zambia Guinea
Countries totally new to USAID’s population portfolio		Albania Cambodia Eritrea Gaza/West Bank Kyrgyzstan Mozambique Russia

The original SEATS II contract specified as its primary objective “the support of 50 multi-year family planning service delivery subprojects.” Thirty of these were to have been expanded and strengthened subprojects carried over from SEATS I; twenty new subprojects were to be developed. Each multi-year subproject was to meet specific criteria for number of service

delivery points (SDPs) or size of beneficiary population, increases in contraceptive prevalence rate (CPR), and potential for replication. The geographic focus of activities was sub-Saharan Africa, selected countries in Asia, the Near East, the Newly Independent States, and other priority countries designated by USAID.

At the time of award, SEATS II was provided \$1.6 million in core funds for program start-up, with the restriction that core funds be used for three specific purposes only: technical leadership, new initiatives, and research. USAID guidance specified that all field-level service delivery activities were to be funded by field support from USAID Missions or Bureaus and that a percentage of the field support was to be allocated to fund routine operating costs of the project headquarters and regional offices, in other words, the allocable cost factor (ACF).

With its original \$1.6 million, SEATS II began to focus on generating subproject support and strengthening technical initiatives in monitoring and evaluation (M&E); improved quality of care (QOC); RH IEC; training; and sustainability. Innovative SIs were designed and launched for women's literacy, urban FP/RH, youth, midwifery associations, and integration of FP/RH into NGO/PVO programs.

Ultimately, SEATS II provided technical assistance (TA) in twenty countries, implementing thirty subprojects in thirteen of them. The contractual changes and events that gave SEATS II its final shape and focus are discussed below.

2. Performance-Based Milestones and Contractual Changes

Consistent with government-wide procurement reforms, the original (1995) SEATS II contract was one of USAID's first performance-based contracts. It was a cost-plus-fixed-fee contract, with payment of the fee contingent on completing predetermined milestones. The contract anticipated a fixed fee of \$3.5 million out of a total of \$54.4 million, with about 75 percent of the total contract cost to come from Global Bureau/Population, Health and Nutrition (G/PHN) core funds. The remaining 25 percent of funding included field support funds or funding from other non-core sources.

Under the contract, a fixed percentage of the total fee was released after SEATS II submitted documentation to show milestones were achieved. The fee payment schedule was tied to completing quarterly milestones, and SEATS II had to show that it accomplished a set of predetermined program activities. The initial contract, then, included a "time requirement" and a "quantified accomplishment requirement."

From the beginning, the SEATS II technical approach to milestones was to emphasize family planning service delivery output, technical and management activities, and outcome measures to provide a balanced range of milestones. These included providing project inputs, generating project outputs, and achieving project outcomes, which directly and significantly contributed to achieving the purpose and main objective of the SEATS II project.

Annex 1 presents the milestones and achievements for quarters 1-12.

a. Why the Contract Was Modified

SEATS II was awarded just before major changes were made in USAID's management structure. The advent of the USAID results framework for managing the PHN sector prompted changes in

SEATS II. Although all of SEATS' activities and strategic objectives (SOs) fell within PHNC's SO 1, it became increasingly evident that the prescribed contract quarterly milestones were not consistent with USAID's new strategic planning.

Also, SEATS II was managing substantially more field support funds than originally anticipated. USAID and JSI/SEATS realized that the design of the project no longer matched the level of anticipated core funding.

In November 1996, a SEATS study summarized some of the programmatic and funding changes within USAID that had taken place since the contract was signed in January 1995. Some of these included:

- Uncertain levels of funding by the Office of Population owing to restrictive population spending and metering. As a result of these funding restrictions, multi-year funding commitments could not be assured for the SEATS II program. This created uncertainty that milestones could be attained, since they had been developed based on a fully funded project.
- An increase in the amount of field support funding meant that SEATS II was now primarily funded through field support funds. This created a tension between SEATS and USAID/Washington over the need to be responsive to the field, yet at the same time, meet the centrally mandated milestone requirements. These milestones did not always coincide with the results the Missions wanted the contractor to achieve. There was a "tug-of-war" over whether SEATS II was responsible for meeting the G/PHN strategic objectives through milestone achievement or was responsible for meeting the strategic objectives of field missions.
- USAID began a process of reengineering to better integrate SOs with Mission strategies. In this process, all funding sources were laid out in the country strategic plan to achieve country-level results. The results of these new country strategic plans and results frameworks were not always consistent with the original project milestones. In fact, most milestones were actually activities of level of effort, not results. They did not represent the results elaborated in USAID's new results frameworks developed by Missions in their new strategic plans.

There was a need to put the contract in line with performance-based contracting principles and emphasize achieving results within a set of resources, with a focus on the result rather than on how the result was to be achieved. USAID and JSI/SEATS agreed that a contract modification was needed.

b. Switch to Performance Results

The SEATS II strategic framework, reflecting the primary objectives and approaches of the original and modified contract, is included in Annex 2.

The new contractual method, fully executed in January 1998—the end of Project Year (PY) 3—after 18 months of discussion and negotiation, was a combined performance-based and level-of-effort type contract.

In the contract modification, field support was increased from 25 percent to 70 percent. For work performed using field support, regional bureau, or any other non-core funds, the contract was converted to a specified cost-plus-fixed-fee level of effort contract.

The 30 percent core-funded part of the contract remained a performance-based contract, which was a cost-plus-award-fee contract. Fee payment was contingent on achieving three newly established performance results. Three new PRs were put into the contract to be achieved over a two-year period:

- **PR1:** Identify, analyze, and disseminate findings of SEATS II experience with innovations, best practices, and lessons learned in increasing access to and improving the quality of RH services.
- **PR2:** Improve capacity of selected U.S. or international PVOs to design, implement, monitor, and evaluate quality RH services, linked to child survival or other health-related services in three program sites.
- **PR3:** Leverage funds to support at least 25 percent of the costs of two subprojects developed under SEATS II, with the process and results documented and disseminated.

3. Project Configuration

a. Subcontractors and Partners

JSI and its subcontracting partners worked to develop a structure and operating systems that would ensure strong support for field activities and be responsive to USAID/W, USAID Missions, and the needs of in-country partners. Subcontractors on SEATS II and their overall roles are described below:

- **American College of Nurse Midwives (ACNM)** provided leadership for the Midwifery Association Partnerships for Sustainability (MAPS) Initiative. This initiative focused on training, equipping, and supporting private midwives and on building institutional capacity for midwifery associations to promote and expand FP/RH services.
- **AVSC International** provided essential input to developing clinical protocols and the medical monitoring system that was used in each subproject offering permanent methods.
- **Initiatives, Inc.** led SEATS' Integration Initiative, producing a methodology, tools, and training to help NGOs and PVOs in Africa and Asia and the Near East (ANE) to identify and leverage opportunities for integrating FP into ongoing development programs and increase access to services in underserved communities.
- **Program for Appropriate Technology in Health (PATH)** provided support to IEC and other program activities and oversaw documentation and dissemination.
- **Social Sectors Development Strategies (SSDS)** supported institutional capacity building in Cambodia by providing long-term and short-term TA to the Reproductive Health Association of Cambodia (RHAC), and contributed to SEATS' leveraging and sustainability efforts.
- **World Education, Inc. (WEI)** supported efforts to establish integrated women's literacy/RH and family planning programs.

Contact information for each subcontractor is provided in Annex 3.

b. Organizational Structure

The complexity of SEATS II demanded an organizational structure that was flexible and responsive to a variety of clients and circumstances. For the Rosslyn office to effectively support the needs of the field, the structure was not a formal hierarchy, but rather, a variety of teams that met regularly to oversee and coordinate the management of programmatic activities and the administration of the project as a whole.

Project leadership and oversight of managerial, technical, and operational activities were the responsibility of the project director and the deputy director.

At the Rosslyn headquarters, the Project Coordination Group (PCG) advised the director and deputy director on strategic decisions that had programmatic and financial impact and functioned as an oversight and coordinating body. The PCG included the director, deputy director, and senior technical advisors, regional directors, the administrator, and financial officer. The PCG decided on actions required in response to managerial and technical challenges, including requests from USAID and others external to the project. It acted on all issues that related to the project as a whole and was proactive in seeking to strengthen links with USAID and others in the CA and reproductive health communities. The PCG met every two weeks and included the participation of a representative of the young professional staff, who rotated this duty.

Technical and programmatic management functional groups were created:

- The **Results Team** met under the leadership of the deputy director. It included the senior technical advisors for the three performance--dissemination, integration, and leveraging--and for the technical initiatives--quality of care, sustainability, and monitoring and evaluation. The team was formed after the contract modification was signed in response to a need to manage effectively the redefined focus of activities under core funding. The team discussed and resolved technical issues and identified needs and areas for collaboration.
- The **Africa Team** included the program associates and program officers backstopping field support activities in Africa. The team managed regional activities and coordinated work in countries where activities involved more than one backstop. It also coordinated work with the Africa Regional Office and responded to requests from the Africa Bureau. There was no Africa regional director in the Rosslyn office; a senior staff member provided managerial oversight to the team.
- The **ANE/NIS Team**, which included the program associates and program officers backstopping field-support activities in countries of these regions, had a less formal role. Most of SEATS II activities were in three countries, far apart geographically and with very different needs and situations. There were no regional activities. The team met under the leadership of the co-regional director to exchange information that facilitated backstopping, and monitored and responded to requests from USAID Bureaus.
- The **Operations Cluster** included staff responsible for contract management—liaison with and reporting to USAID, contracting, procurement; financial management—budgeting, financial monitoring, audit, financial training; and administration—personnel, staff training, routine project administration, project closeout activities and coordination with corporate JSI administration.

Most of the SIs, Youth, Urban, Integration, Women's Literacy, and MAPS, became operational within subproject activities and were managed accordingly. The Integration Initiative was within the scope of the senior technical advisor for PR2. The MAPS Initiative, which had country and regional programs in Africa had a senior advisor working out of the SEATS II Africa Regional Office in Harare. Each of the remaining SIs had a focal point among SEATS II program associates or program officers in Rosslyn.

Within the four main teams described above, smaller groups were in place to oversee such areas as quality of care, budgeting and planning, and personnel. Also, ad hoc teams were formed and functioned for varying periods of time according to the need, drawing on technical or country staff, as required, to plan, coordinate, and oversee activities.

c. Regional Office

No regional office was set up for ANE/NIS activities. In PY2, a proposal to USAID to establish a regional office in Turkey was not approved. Two co-regional directors, one in Turkey and one in Rosslyn, shared joint responsibility for the region.

The Africa Regional Office (ARO) in Harare, Zimbabwe, managed the African field program and was responsible for regional oversight and liaison/coordination with USAID and SEATS/headquarters (HQ). A management team comprised of the regional program director and the regional MAPS Advisor had general management responsibility for the fully staffed office. Country resident advisors and project coordinators reported directly to ARO. The regional staff provided assistance and leadership in subproject planning, implementation, and management for countries in the entire Africa Region.

Field offices were established in those countries where SEATS had major programmatic activities, such as Albania, Cambodia, Eritrea, Kyrgyzstan, Mozambique, and Uganda. Field offices had as few as one, or as many as four, staff members.

Regional and field offices handled their own office management, including travel support, financial administration, and reporting (with oversight from SEATS/HQ), and liaison and coordination with USAID Missions. SEATS/HQ was responsible for ongoing development of the overall project policy and strategies, coordinating with USAID/W and providing administrative and technical backstopping.

d. Staffing

SEATS II had a diverse, multidisciplinary staff that provided TA in all aspects of quality service delivery; management, QOC, reproductive health, IEC, training, M&E, policy development, and finance and sustainability. A balance was achieved between staff assigned to work at headquarters and in the field. Of the 62 professionals and support staff who worked on the project; 30, including the ANE/NIS team, were based in the Rosslyn headquarters office; 14 positions were in ARO; and the remaining 18 were assigned to SEATS' eight field offices.

The SEATS II staff included personnel seconded from three subcontractors: ACNM, PATH, and SSDS. One senior technical advisor from PATH was assigned to the Rosslyn office; two advisors from ACNM were assigned to Uganda and ARO; and one SSDS staff member was posted in Cambodia. The other subcontractor partners—AVSC, Initiatives, Inc., and World

Education—designated personnel to provide short-term TA as needed under the terms of their agreements. In accordance with JSI practices, subcontractor staff members were treated as part of JSI and received the same programmatic guidance and administrative support as JSI staff, although salary, benefits, and personal allowances were administered by their own organizations.

4. Financial Overview

The SEATS II Project operated under a contract budget ceiling of \$54,466,064. A total of \$41,684,607 was obligated to SEATS II over the life of the project. As of April 30, 2000, SEATS II incurred expenditures totaling \$38,914,868—31.3 percent in Asia Near East, 36.2 percent in Africa, 20.7 percent for SIs, and 11.8 percent for other activities such as program development and operations (see Table 2).

SEATS II faced a number of financial management challenges throughout the life of the project. One of the most significant changes during PY3 was the implementation of the contract modification. The modification was divided into two distinct sections: 1) a performance-based section with a corresponding core budget and 2) a cost-plus- fixed-fee section with an associated field support budget and fixed fee. Both contracts combined equaled the total SEATS II budget ceiling of \$54,466,064 as set forth in the original contract. The modified contract, though unique in itself, was successfully implemented and tracked.

Financial management is affected by environment, and SEATS II was no exception. Financial management challenges included the evacuation of staff and ultimate temporary slowdown of project implementation in Cambodia, the civil unrest in Albania and Eritrea that also had an impact on spending, and the financial impact of allocable costs on program and regional office budgets. Furthermore, in the spring of 1995 USAID faced enormous uncertainty about the financial viability of its population activities, and the messages continued to come to SEATS that funding and the population budget would be tight. Throughout this time, at weekly CTO meetings, USAID staff continually cautioned SEATS to be conservative in its spending, as further monies might be difficult to obtain. Due to civil unrest, evacuation, policy changes in various countries, and USAID's funding uncertainty, spending necessarily slowed, creating funding pipelines at core and field support funding levels that persisted until the planned project end date of January 2000 (see Table 3, column D). SEATS II received a five-month time extension to spend down the remaining funds in Albania, Eritrea, Gaza/West-Bank, and core, which would fund a bridge period for Uganda in anticipation of the awarding of the follow-on project.

Since PY1, it was always the goal of SEATS II to maintain strong financial management systems while ensuring programmatic flexibility. In recognizing the magnitude and complexity of the environment in which the project operated, SEATS II sought continuous independent JSI review, from the JSI Director of Finance and from senior managers of other JSI projects. When SEATS II activities were in their final stages, the finance and administration staff continued to work closely with JSI accounting and remaining field staff to ensure a successful and complete close-out.

Table 2: SEATS II Expenditures through 4/30/00

Category	Core Support	Field Support & Bureau	Total	Percent
ANE	\$834,733	\$11,354,484	\$ 12,189,217	31.3%
Albania	\$510	\$2,356,733	\$ 2,357,243	6.1%
Bangladesh		\$52,993	\$ 52,993	0.1%
Cambodia	\$79,868	\$5,862,676	\$ 5,942,544	15.3%
Gaza West Bank		\$136,512	\$ 136,512	0.4%
India	\$201,495		\$ 201,495	0.5%
Jordan		\$92,194	\$ 92,194	0.2%
Kyrgyzstan	\$251,557	\$965,000	\$ 1,216,557	3.1%
Russia	\$301,303	\$958,376	\$ 1,259,679	3.2%
Turkey		\$930,000	\$ 930,000	2.4%
AFRICA	\$1,303,968	\$12,744,972	\$ 14,048,939	36.1%
Burkina Faso	\$30,846	\$70,000	\$ 100,846	0.3%
Cameroon		\$514,236	\$ 514,236	1.3%
Eritrea	\$16,954	\$3,299,971	\$ 3,316,925	8.5%
Guinea	\$854	\$206,222	\$ 207,076	0.5%
Malawi		\$100,001	\$ 100,001	0.3%
Mozambique	\$199,929	\$1,223,863	\$ 1,423,792	3.7%
Nigeria		\$965,808	\$ 965,808	2.5%
Senegal	\$301,368	\$2,288,567	\$ 2,589,935	6.7%
Uganda	\$334,015	\$1,412,740	\$ 1,746,755	4.5%
Zambia	\$300,442	\$756,302	\$ 1,056,744	2.7%
Zimbabwe	\$119,559	\$1,907,263	\$ 2,026,822	5.2%
INITIATIVES	\$7,567,790	\$506,591	\$ 8,074,381	20.7%
Integration/PR2	\$1,443,045	\$247,417	\$ 1,690,462	4.3%
Literacy	\$325,665		\$ 325,665	0.8%
MAPS	\$592,202	\$87,512	\$ 679,714	1.7%
Urban	\$180,017	\$171,662	\$ 351,679	0.9%
Youth	\$219,433		\$ 219,433	0.6%
IEC/Dissemination	\$1,247,707		\$ 1,247,707	3.2%
Monitoring & Evaluation	\$1,262,556		\$ 1,262,556	3.2%
Quality	\$1,466,777		\$ 1,466,777	3.8%
Sustainability/PR3	\$830,388		\$ 830,388	2.1%
OTHER	\$3,184,887	\$1,417,443	\$ 4,602,330	11.8%
ANE Bureau Initiative		\$59,081	\$ 59,081	0.2%
Bureau Humanitarian Response		\$305,735	\$ 305,735	0.8%
ARO Operations	\$41,492	\$1,052,627	\$ 1,094,119	2.8%
DC Operations	\$3,070,874		\$ 3,070,874	7.9%
Program Development	\$72,521		\$ 72,521	0.2%
GRAND TOTAL	\$12,891,378	\$26,023,490	\$38,914,868	100.0%

Table 3: Financial Pipeline

OVERVIEW OF PROGRAMS AND ACHIEVEMENTS¹

1. Program Design

The combination of core support funds and field support funds was important in SEATS' program design. Core support provided for activities such as the SIs, which foster creativity in identifying and developing novel, sometimes multi-sectoral approaches to maximizing service access and use. Field support enabled these novel approaches to be combined with the traditional responses known to be effective and successful in meeting the challenges unique to each situation.

USAID's re-engineering and emphasis on field-driven, field-funded programs meant that each subproject or country program developed from discussions with the USAID Missions and local partners in each country. SEATS found that its broad mandate, multidisciplinary capability, and the wide range of skills among its staff were essential in responding quickly and comprehensively to the varying local needs and in coping with unexpected change. Indeed, USAID Missions sometimes turned to SEATS for assistance primarily because of its flexibility and adaptability. To illustrate, SEATS assistance was requested in such diverse areas as:

- IEC
- Logistics
- Clinical training
- Monitoring and evaluation
- Protocol development
- Policy formulation
- Financial management
- Strategic planning
- Procurement
- PVO capacity building, and more.

Successful partnerships between the public and private sectors were a feature of many SEATS field programs where SEATS worked with national and local organizations in the public sector, with private-sector NGOs and PVOs, and private providers such as midwives, private practitioners, and pharmacists. SEATS also collaborated in programming and implementation with other USAID CAs and multilaterals like the United National Population Fund (UNFPA) and the World Health Organization (WHO).

The challenges that helped shape the design of the project and to guide its work in the field included:

¹ A more detailed account of SEATS' technical work in countries, project achievements, and lessons learned can be found in the technical report entitled, "Proven Approaches, New Strategies: Innovations, Best Practices, and Lessons Learned from the SEATS II Project."

- The significant unmet need for family planning.
- The need for a special effort to reach some groups, including adolescents, men, the unmarried, and the poor, who are relatively underserved by current family planning programs.
- The HIV/AIDS pandemic—family planning offers the opportunity to help prevent the spread of HIV/AIDS and other sexually transmitted infections by encouraging the use of condoms and by providing information on responsible sexual behavior.
- Increasing urbanization and health sector reform present challenges, but also opportunities for new partnerships in expanding services, especially through the private sector.
- The implications for service delivery programs of ideas from the ICPD—addressing the reproductive health needs of people at different stages of their lives; improved quality of care; combining or integrating family planning with other elements of reproductive health care.

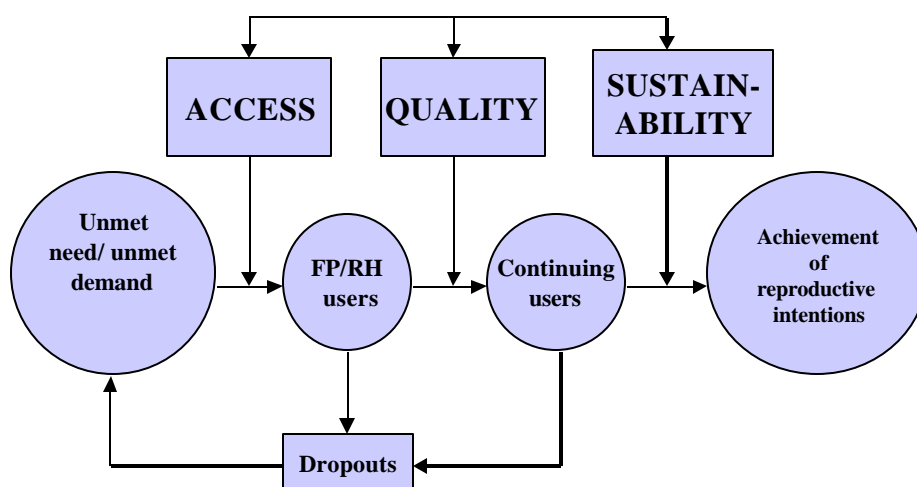
SEATS responded by fostering the development of client-centered services and, in response to demands from the field, integrating into the core area of family planning, broader reproductive health care, including safe pregnancy services, and the prevention of STIs, including HIV.

SEATS approached countries strategically with a portfolio of proven approaches and innovations. Proven approaches established programs that ensured that all the key service delivery components were in place, were promoted, and continued being improved. Innovations included new strategies developed primarily, although not entirely, through five SIs, which are discussed later in this document.

2. Conceptual Approach

SEATS' activities in countries sought to promote and expand access to FP/RH services, improve quality of care, and enhance program sustainability. These three key areas are interrelated, as shown in Figure 1.

Figure 1. SEATS II Conceptual Approach



Activities to promote and expand **access** help address unmet demand and increase the number of users. It is important to focus on more than just physical access to increase service use. Without adequate **quality of care**, many users will drop out—addressing quality issues leads to continuation. Finally, there must be **sustainability** of services, or even users who wish to continue will no longer have the option and their needs will go unmet. In reality, access, quality, and sustainability are closely interrelated, and changes in one can have marked effects, both positive and negative, on the others. By deliberately addressing all three in a coordinated way, SEATS was able to promote access to sustainable, quality services and help clients realize their reproductive intentions.

3. Monitoring and Evaluation

SEATS placed a high priority on M&E as a way of ensuring successful implementation and assess results. Every effort was made to build M&E activities and capability into subprojects from their earliest phases to measure and improve performance throughout the life of the project.

SEATS' approach was consistent with the definitions and guidance provided by USAID's EVALUATION Project. Most M&E activities under the original contract were related to performance-based milestones, either directly or because M&E systems would be needed to document successful achievement. The following milestones related to M&E were achieved prior to the contract modification:

- M&E plan submitted (milestone 6-a)
- Amount of couple-years of protection (CYP) achieved (milestones 6-c, 8-a)
- TA data bank functional (milestone 7-b)
- Number of new or improved service sites (milestones 8-b, 12-a)

After the contract modification, remaining milestones were dropped except two, both of which were achieved:

- 500 new and improved SDPs
- One dissemination workshop completed

The modified contract placed higher priority on the measurement of results overall, which in turn required increased emphasis on M&E by SEATS.

SEATS' M&E efforts sought to determine the extent to which overall project objectives were met. The focus was on providing support to the 30 subprojects and other initiatives to measure their respective achievements in increasing access and improving quality. In general, subproject objectives were consistent with the overall SEATS purpose to expand access to high quality, sustainable FP/RH services.

The approach evolved considerably from the early stages of the project. Much of the early work focused on setting up systems to track subproject data, monitor progress, the achievement of milestones, and to measure simple outputs such as CYP and the number of new and improved SDPs. With increasing emphasis on impact in specific areas, especially access and quality, the

focus shifted to achievement of subproject objectives, application of data systems that analyzed results over time, special studies to measure outputs and outcomes, and support to the core-funded performance results.

Throughout the project, many methods and tools were developed to gather necessary data and information, ranging from systems and forms for gathering service statistics to special studies to measure outcomes and other indicators—quality of care, for example--not captured through routine systems. Much of the subproject data was centralized at SEATS headquarters, where analyses were carried out and overall project results were identified. SEATS made every effort to use relatively simple, user-friendly approaches for all types of data collection to provide rapid feedback to service providers and managers and to increase the likelihood that local partners would understand, adapt, and use instruments and data in the future.

M&E responded to the wide variety of project activities with an array of approaches to assess results. The flexible program approach also allowed SEATS to be responsive to a variety of stakeholder needs at different levels and to increase use of results to improve program performance. At the same time, common definitions and analysis were used to permit aggregation of certain key indicators across subprojects to assess the impact of SEATS as a whole.

Key activities under M&E included:

- Development of a SEATS-wide M&E strategy;
- Adaptation of data systems to track outputs such as CYP, new users, revisits, training, database management system (DBMS, and TA provided by SEATS through the technical assistance database (TADB);
- Adaptation of the Family Planning Program Monitoring and Evaluation System (FPPMES) to analyze service data and estimate CPR, as well as a user's manual;
- Special studies when routine data collection was insufficient to measure the main achievements of a subproject or SI—for example, quality of care efforts, barriers to access, special needs of youth, and achievements of midwives as FP/RH service providers.
- Capacity building in M&E, such as training for subproject staff, government officials, and NGO/PVO representatives, included design, implementation, and use of MIS and data. Training was offered on regional, national, and subproject levels.

4. Performance Results

Under the SEATS Contract Modification, three Performance Results (CPRs) were defined for activities supported primarily through core funds.

a. PR 1: Analysis, Documentation, and Dissemination of Innovations, Best Practices, and Lessons Learned in Increasing Access and Improving Quality.

The major activities that were implemented to meet PR1 included:

- The *PR1 strategy, including dissemination plan*, was submitted to USAID in June 1998 and approved.
- A full report on SEATS dissemination activities, with details of publications and their distribution, was submitted to USAID
- The *SEATS Web site* (www.seats.jsi.com), designed to disseminate SEATS publications, was launched in April 1999. It contains all of the project's current publications and specific documents about the SEATS' experience that can be downloaded. A list of publications is attached as Annex 4.
- A technical document, "*Proven Approaches and New Strategies: Innovations, Best Practices, and Lessons Learned from the SEATS II Project*," summarizing the SEATS experience, was submitted to USAID in December 1999. Subsequent revisions requested by USAID were addressed, and the paper will be widely circulated.
- A series of papers was prepared and disseminated to document program achievements, including technical papers on the SIs--Urban, Youth, QOC, MAPS, Sustainability, Integration, and Literacy, and country reports for each country where SEATS had substantial activity.
- A mailing list was developed by SEATS that modified the 15,000-name list originally maintained by the Population Reference Bureau, and included data from many sources such as other JSI projects and various USAID offices. The entries were coded according to interest, and the result was the dissemination of approximately 3,500 copies of each of the project's publications.
- Since SEATS' inception, many oral presentations on a wide variety of country programs, lessons learned, and project SIs were made to USAID and the CA community, including 46 in the final two years of the project. These included presentations, panels, or roundtable presentations at each annual conference of the American Public Health Association (APHA) and Global Health Council/National Council for International Health (GHC).
- Regional dissemination meetings were held in Vladivostok in November 1997 on the SEATS/MotherCare Russia program and in Harare, Zimbabwe, in June 1999 on the MAPS Initiative. Some seven other dissemination meetings were held at local or national level.
- An *End of Project Conference* was held at the National Press Club on February 9, 2000. Over 200 representatives of USAID, international organizations, CAs PVOs, and interested parties attended. After a morning plenary that focused on access, quality, and sustainability, several SEATS field staff and national counterparts made presentations on country programs and the SIs.

b. PR 2: PVO Integration and Capacity Building

The SEATS Integration Initiative aimed to expand access to quality FP/RH in currently underserved populations through providing assistance to PVOs and NGOs. This SI was expanded and intensified under PR2, which required that SEATS improve the capacity of selected US or international PVOs to design, implement, monitor, and evaluate quality RH services, linked to child survival or other health-related services in three program sites. In

Mozambique, SEATS built upon an existing subproject with World Relief Corporation (WRC). The India and Zambia sites were selected from among PVOs that had participated in SEATS integration workshops: Community Aid and Sponsorship Programme (CASP)-PLAN-India and World Vision/Zamtan–Zambia. The sites were approved by USAID.

The results of the programs at these sites were presented in final site reports submitted to USAID in February 2000. At each of the sites:

- The number of SDPs increased;
- Quality of care and quality assurance concepts were introduced, accepted, and assimilated;
- CYP increased;
- Local partnerships were strengthened—for example, between the PVO and government, between government and the community, between community and service providers;
- M&E systems were improved; and
- PVO skills and capabilities to manage FP/RH programs were improved.

c. PR 3: Leveraging

Since its inception, SEATS II sought opportunities to leverage support for expanding access to and the quality of FP/RH services. Core funds were successfully leveraged to attract USAID field support and regional funding, allowing SEATS to expand on its SIs. Also, SEATS leveraged in-kind contributions from subprojects to support recurrent costs. Under the contract modification and the development of PR3, USAID provided SEATS with the mandate to expand its leveraging activities beyond traditional USAID sources of funding to include non-USAID sources. This is a unique opportunity to explore possibilities for leveraging subproject investments to bring about continued support for FP/RH services. Under PR3, SEATS was required to leverage 25 percent of subproject operating costs in two subprojects and document the lessons learned from the process.

SEATS implemented two primary efforts in support of leveraging: first, direct assistance was provided to partner organizations; second, a guide was developed for reproductive health organizations on how to leverage the resources required for their programs.

Some specific activities included:

- Assisting the RHAC to identify potential donors, prepare proposals, and negotiate grant agreements;
- Designing a logo for RHAC that is used on new signboards for its clinics and on IEC materials;
- Conducting a detailed study to analyze the costs of RHAC's key services;
- Designing and implementing an accounting system for the Uganda Private Midwives Association (UPMA) and training staff in its operation;
- Designing a fee system for UPMA's model clinic;

- Identifying potential income-generating activities for youth peer educators in Lusaka, Zambia, and Gweru, Zimbabwe;
- Conducting market surveys for the Kyrgyzstan Family Group Practice (FGP) on client expectations and satisfaction;
- Preparing cash flow projections for a proposed polyclinic to be operated by the Independent Clinics Organization (ICO) in Zimbabwe.
- Designing and conducting a ten-day workshop in Harare in March 1999 on leveraging resources for reproductive health to 1) facilitate the development of leveraging and 2) contribute to the development of the SEATS leveraging guide.
- Completing a handbook entitled *SEATS II Guide to Leveraging: How to Mobilize and Diversify Resources for Reproductive Health*. Its purpose is to build the capacity of RH organizations to analyze, design, and implement approaches to leveraging resources. The guide met PR3 requirements in presenting leveraging as a marketing challenge—the marketing of an organization, its programs, services, and products—to attract sufficient financing for current and future plans.

Several SEATS subprojects have realized impressive achievements in leveraging. A few examples are:

- *UPMA*: Since 1998, UPMA has leveraged non-USAID funding equaling more than 25 percent of recurrent costs. Local income increased 50 percent between 1998 and 1999 and is expected to double in 2000. UPMA wrote eight proposals—five were awarded, one was declined, and two are pending, prepared a five-year financial plan, and implemented an accounting system allowing direct management of donor funds for the first time.
- *RHAC*: Increased non-USAID funding as a percentage of recurrent costs from 15 percent in 1997 to 45 percent in 1998 to over 55 percent in 1999. RHAC doubled the number of donors supporting its programs, increased income earned from fees and interest by almost 30 percent between 1997 and 1998, and received direct funding from USAID/Cambodia for the first time.
- *Cities of Bulawayo and Chitungwiza, Zimbabwe*: Established fees for non-City Health Department staff to attend their FP training courses and promote their courses to private-sector providers.
- *Senegal Urban Initiative*: Leveraged municipal funds—ten seed grant applications leveraged municipal funds at an average rate of 35 percent); developed action plans and funding proposals for various donors.

5. Field Support Country Programs

SEATS II implemented a total of 30 service delivery subprojects, including two regional ones in Africa and 28 others in 13 countries in Africa, Central and South East Asia, Eastern Europe, and the Near East (Annex 5). An additional 14 initiatives and other activities were launched in nine other countries. The subprojects were primarily funded through field support, with SEATS core funds contributing to special elements of the subprojects or supporting training and TA activities

related to performance results, innovations, research and special studies. Each subproject was developed in collaboration with an array of in-country partners, including USAID Missions and the public and private sectors as appropriate. Each subproject was unique, with its own objectives; activity plans; quality, sustainability and M&E strategies; and support needs (Annex 6). Specific information on each subproject is provided in the brief description of the country programs (some countries implemented more than one subproject) attached as Annex 7. Further, each subproject produced a final report, available from JSI or from the SEATS' Web site at jsi.seats.com.

A characteristic of the project was that it worked in a remarkable variety of situations and faced a broad range of challenges. Examples include:

- **Countries that were new to USAID's population portfolio.** More than 40 percent of SEATS' funds were used to bring family planning and reproductive health care to previously underserved people in Albania, Cambodia, Eritrea, Kyrgyzstan, Mozambique, and Russia.
- **Countries with extreme poverty.** In Cambodia, Eritrea, Kyrgyzstan, Mozambique, Uganda, and Zambia, SEATS confirmed that extreme poverty, although challenging, is not an insurmountable barrier to the establishment, or expansion of good quality, sustainable services.
- **Countries with a reported HIV prevalence among pregnant women of up to 28 percent.** With SEATS support, counterparts in Cambodia, Uganda, Zimbabwe, and Mozambique managed to almost double the use of condoms in the catchment areas of the subprojects.
- **Countries coping with change.** SEATS had the range and flexibility to meet a broad variety of situations. Kyrgyzstan and Zambia were both undertaking radical health sector reform; Albania, Kyrgyzstan, and Russia were countries in economic transition after many years of communist rule, and had inadequate or nonexistent FP/RH services; Cambodia and Mozambique were recovering from years of war, and Eritrea was actually at war. Albania and Cambodia suffered severe civil unrest during the time SEATS worked there. In fact, there were mandatory evacuations of US personnel from Albania, Cambodia, and Eritrea.
- **Countries with large-scale national programs.** SEATS also worked with governments to bring quality family planning and other reproductive health services within reach of large numbers of people, often for the first time. In Cambodia, Eritrea, and Albania, SEATS advised on national policies and standards, provided protocols, guidelines, and curricula, and assisted in the development of program plans and strategies. SEATS also supported the corresponding training, procurement, and commodity logistics.
- **Countries with relatively longstanding FP/RH programs.** SEATS improved FP/RH programs established for more than 10 years. SEATS, in partnership with MotherCare, contributed much to the Russia family planning program, changing outdated practices, integrating family planning and maternal health care, and introducing notions of client-centered services. The results were much greater client satisfaction and greater uptake and continuation of services.

a. Expanding Access

Through its work in countries, SEATS succeeded in expanding access to quality services. This is supported by the data collected through SEATS II M&E activities.

Overall, 632 training courses were held, and 11,099 people were successfully trained in a variety of technical areas that were key to the development and expansion of sustainable, quality services. These included: basic family planning; specific method introductions; STI prevention and treatment; integrated primary health care; IEC/counseling; youth-friendly services; and community-based distribution (CBD). Many of those trained were providers uniquely suited to reach underserved clients, such as youth peer educators, CBD workers in remote areas, and private midwives.

SEATS established or improved 2,982 SDPs resulting in the availability of family planning and other reproductive health care where none had previously existed, or enabling existing sites to offer more methods, or broader reproductive health services.

Through December 1999, 773,943 CYP provided, 424,828 new users had been served, and 1,143,128 revisits had been attended. The relatively high level of revisits is encouraging as it suggests that large numbers of new users are continuing with family planning. The average increase in CYP over the life of subprojects was 15 percent.

SEATS broadened the method mix. At the beginning of SEATS the majority of users (82 percent of CYP) opted for intrauterine devices (IUDs), voluntary surgical contraception (VSC), or orals. By the end of the project, the use of injectables (mainly Depo-Provera) and condoms had increased substantially and contributed over 10 percent of total CYP each. This reflects the popularity of injectables as relatively new methods in many SEATS countries of all regions and the appropriateness of condoms as a primary or dual protection method in high-HIV settings.

Finally, the increase in service utilization also resulted in a 44 percent increase in the Contraceptive Prevalence Rate among women of reproductive age in SEATS' catchment areas. Estimated CPR increased from 2.72 percent at the beginning of the subprojects to 3.92 percent at the end.² This is small in absolute terms, but SEATS was working in countries with very low CPR and often in regions of those countries where prevalence was even lower. In fact the impressive percentage increase in CPR shows that the project succeeded in increasing family planning usage in underserved populations even though the average duration of subproject interventions was just two years!

² CPR values were calculated for all subprojects using SEATS' FPPMES. FPPMES estimates CPR using service statistics and an estimated "catchment area" representing the population served by the project. The aggregate values cited in the text are calculated from total estimated users at the beginning and end of each subproject, divided by the number of women of reproductive age in the sum total of all subproject catchment areas in their first and last quarters. The CPRs appear small mainly because large catchment areas were used. (Many subprojects intended to serve entire large cities or regions when their true clientele was much smaller.) Had a more restrictive catchment area been used, the actual CPR levels would have been substantially higher, as would have the percentage point increase in CPR. This explains why the estimated CPR levels, baseline and endline, are often well below levels measured through national surveys.

Increasing Access for the Underserved—the Special Initiatives

SEATS' most important achievement is that, no matter the context or the situation in country, SEATS succeeded in reaching underserved clients in ways that lent richness and excitement to the SEATS' experience. SEATS empowered city leaders in Senegal, Zambia, and Guinea; midwives in Uganda, Zambia, and Zimbabwe; PVOs and NGOs in India, Mozambique, and Zambia; and community-based paramedical personnel, peer educators, and policymakers in every country where it worked. SEATS enhanced the capacity to extend services to adolescents and to the urban and rural poor, and it did so largely through the five SIs. Through these initiatives, SEATS was reaching new segments of the population, essentially starting from zero so new users and CYP generated, although sometimes modest, truly addressed unmet need. The SIs were:

i. Midwifery Association Partnerships for Sustainability (MAPS) (*Cambodia, Eritrea, Tanzania, Senegal, Uganda, Zambia, and Zimbabwe*)

Midwives, often the primary providers of family health services in urban and rural communities, are trusted by the populations they serve and have the potential to reach underserved populations with integrated reproductive health care. SEATS and ACNM assisted midwives to do this by strengthening their knowledge and skills, building institutional capacity of midwifery associations, reducing policy barriers to private practice, and promoting quality and sustainability.

This was a truly innovative program with huge potential for roll out in sub-Saharan Africa. Many midwives have transitioned into private practice—180 in Zimbabwe alone, established quality services, including youth-friendly services, in reproductive health, and attracted increasing numbers of clients in rural and poor urban areas. Use of FP/RH services increased substantially—private midwives in Zimbabwe served 52,121 new family planning users and generated 20,000 CYP, a rise of 144 percent in just over two years, while midwives in Senegal increased use of the lactational amenorrhea method. Strengthening the managerial and financial capacities of midwifery associations, leveraging community support and funds, and establishing national standards, accreditation, and monitoring were key to sustainability in Uganda, Senegal, Tanzania, Zambia, Zimbabwe.

This initiative has demonstrated that, when well trained and supported, private-sector midwives are a dynamic force for increasing access to high-quality, sustainable FP/RH services. However, continuing barriers to private practice severely limit the expansion of this program, and their removal is key to future expansion of this approach.

ii. Youth (*Albania, Cambodia, Eritrea, Guinea, Mozambique, Russia, Senegal, Uganda, Zambia, Zimbabwe*)

The Youth Initiative started in partnership with PPFA and their “First Things First®” program. It quickly evolved into incorporating youth reproductive health into larger, more comprehensive SEATS program activities in urban and rural settings.

SEATS used established best practices and novel approaches to gain community acceptance and support for services that met the needs of adolescents and young adults—outreach, peer education, community mobilization, and continuous quality improvement (CQI). SEATS worked in a variety of settings—health care service systems, youth organizations and centers, military camps, schools, and communities. The aim was to build knowledge and skills for healthy

decisions; increase access to youth-friendly reproductive health services; and create a supportive environment for youth reproductive health information and services. Results include:

- 326 peer educators in six countries reached more than 200,000 youth in communities, schools, youth centers, and military camps in six countries with information, condoms, and spermicides.
- More than 25,000 youth received services for contraception, sexually transmitted diseases (STDs), antenatal care, and treatment of abortion complications at youth-friendly clinics.
- Communities, providers, and governments supported youth reproductive health information and services. Support and funds were leveraged to enable expansion to other sites.
- Providing clinical services including contraception and STI treatment for young people is almost universally sensitive. However, SEATS found that a constituency for youth services can be built through careful process orientation early in the program, including advocacy, parent involvement, service provider training, and outreach.

iii. Urban (Zimbabwe, Zambia, Mozambique, Senegal, and Guinea)

SEATS II developed the Urban Initiative using results from the SEATS I Sub-Saharan Africa Urban Family Planning Study. It showed that partnerships among municipal governments and public- and private-sector groups could use urban resources effectively to extend access to quality reproductive health services despite rapid urbanization.

SEATS focused on increasing the capacity to provide sustainable, high-quality reproductive health services to the growing volume of clients in ten African cities, using a variety of innovative tools and strategies. While every portfolio was unique, common elements included evidence-based planning; coordination of public and private-sector contributions; partnership with municipal officials; advocacy from all sectors and different levels within sectors to form coalitions to promote reproductive health; and interest in “south-to-south” collaboration and dissemination.

In the 10 cities where SEATS worked, there are now more than 100 new or improved SDPs where clients have access to a wider variety of contraceptive methods. For example, methods increased from one to eight in Lusaka. Statistics available for four cities where the Urban Initiative resulted in SEATS subprojects, show 81,000 new contraceptive users were served and 221,000 CYP were generated, 126,000 youth were reached with reproductive health information and 5,000 young people received contraceptive services.

Important tools were developed and field-tested under this initiative—the FPPMES, which estimates contraceptive prevalence and couple-years of protection from supply data, and the Client Capacity Estimator, a software program that estimates the number of client contacts an urban FP program will have to support in the future based on current CPR and method mix and population growth estimates.

iv. Integration of FP/RH Into NGO/PVO Programs (India, Mozambique, and Zambia)

PVOs and NGOs have been implementing high-quality, community-based activities for many years in such sectors as rural development, health, education, and water and sanitation, serving populations that are often not reached by government or other service providers. While health

has been an important intervention for many PVOs and NGOs, family planning has not been a focus for most. Through the integration initiative, SEATS specifically helped PVOs and NGOs, including those not already involved in health activities, to incorporate high-quality, client-centered FP/RH care into their existing programs, thereby expanding services to the underserved.

The work resulted in two integration handbooks, a trainers' guide, and a quality improvement package. They outline step-by-step methodologies for integration and an increased capacity to provide sustainable FP/RH services. Such services are now provided to communities in Mozambique through World Relief (WRC), Health Alliance International (HAI), Save the Children Federation (SCF), and Terre des Hommes (TdH), in India, through PLAN/India, and in Zambia, through World Vision.

In the WRC/Mozambique subproject area, 98 percent of residents now live within five kilometers of a family planning SDP, compared to 54 percent at baseline. In Zambia, 18 new SDPs have been established through the training of CBDs, who are the primary source for contraceptives in the project area. CPR among women of reproductive age in SEATS catchment areas increased from 0.2 to 3.8 percent in Mozambique, and 8 to 36 percent in Zambia.

SEATS' contract modification changed the emphasis of the integration initiative to focus intensively on three selected PVO program sites under PR2, described above.

v. Women's Literacy (*Mozambique, and Senegal*)

The Women's Literacy Initiative (WLI) was based on SEATS' partner World Education, Inc.'s Health Education and Adult Literacy (HEAL) program. That program demonstrated that a direct link can be built between women attending literacy classes and using FP services effectively. The HEAL model is a flexible program that can be adapted to the specific needs of people in different countries and settings. Through World Education and working in partnership with international and local organizations, SEATS adapted and built upon the HEAL experience.

SEATS sought to provide models and materials to link women in literacy programs with reproductive health information and services. The major activities implemented under this initiative included:

- Publication of *Vital Connections: Linking Women's Literacy Programs and Reproductive Health Services*, which offers practical guidance for linking literacy activities with reproductive health services.
- Assistance to PVOs in Mozambique working nationwide using the Reflect literacy model.
- Development of two modules for the Senegal World Bank-funded national women's literacy program—one on reproductive health and one on HIV/AIDS/STDs.

Literacy program facilitators and learners welcomed efforts to introduce health information through sound literacy practices. Despite the timeliness and potential benefits of this initiative, however, it got off to a slow start. In part, this was because it was difficult to mobilize the field support needed to implement cross-sectoral activities. Competing priorities and resources among partners and donors restricted the initiative's success. However, much was learned about how to bridge literacy and reproductive health services in the process, and the enthusiastic reception of the initiative's activities in Senegal and Mozambique and the handbook demonstrated that there is demand for linked literacy and RH services.

Building bridges between the health sector and the literacy sector requires careful attention to financial, administrative, and bureaucratic requirements as well as to technical issues. Stronger support for cross-sectoral strategies by donor agencies could open an important channel to increase access to reproductive health services. In the new climate of cross-sectoral collaboration, there is reason to be optimistic about the future of this approach.

b. Improving Quality of Care

At the heart of the original and modified SEATS contracts was concern over quality of care , meaning access to adequate programs and services and attention to medical, social, and other barriers. Quality services are those provided by well-trained workers in efficiently managed, accessible facilities, in which informed choice is assured by client counseling and education on all available contraceptive methods. While contributing to the improvement of quality throughout the project, SEATS' quality activities emphasized the two major contractual requirements. These were that every subproject should contain, where appropriate, a plan for improving quality and that 50 percent of "new" subprojects—those begun after February 1997—should develop action plans for CQI and show measurable improvement in at least two quality indicators.

Several widely recognized conceptual frameworks for QOC guided SEATS' activities: the Bruce-Jain Framework, USAID's Maximizing Access and Quality (MAQ) checklist, and International Planned Parenthood Federation's (IPPF's) Bill of Rights for clients. All of these frameworks place the client squarely at the center of quality of care, while also emphasizing the importance of technical standards.

In all of its subprojects, SEATS worked to provide quality inputs to build quality programs from the design phase forward. In general, SEATS followed a two-step approach:

- In countries where modern approaches to FP are new, such as Albania, SEATS usually worked with its counterparts to put the basic elements of a FP program in place before helping them launch specific quality improvement initiatives. In these countries, SEATS took a quality and client-oriented approach to the array of activities needed to launch a program, such as policy development, training of service providers, establishment of a logistics system, and IEC activities.
- In countries where SEATS worked with an established program, such as Uganda, Zambia, and Zimbabwe, it sought to build in-house capacity of counterparts in quality improvement. Although different approaches were used in different settings, most frequently, a CQI approach was used, with quality teams formed to identify and prioritize QOC problems, develop and implement solutions, and measure results. Recognizing, however, that CQI activities take root slowly, SEATS continued to tackle broader quality problems in ongoing work with these programs at the same time as supporting the CQI process.

The hallmark of SEATS' work in quality improvement was a strong focus on identifying clients' perceptions of services and responding to their concerns. Few of SEATS partners' in the field had considered how clients and the community viewed their services, so this was a very new approach to them. While technical quality of care was also a priority under SEATS, partners were well aware of this aspect of QOC, how to assess, it and how to improve it.

Some of the major activities that SEATS undertook in the area of quality included:

- Developing and disseminating the *SEATS II Strategy for Quality of Care in Family Planning and Reproductive Health*, which provides the theoretical underpinnings for quality activities. This was one of the milestones.
- Developing and disseminating *SEATS II Clinical Protocols for Family Planning Programs: A Resource Book*—developed in collaboration with SEATS’ partner, AVSC International.
- Developing training curricula on CQI, checklists for counseling, evaluation tools, and supervision guidelines.
- Assisting subprojects in developing quality action plans (QAPs) and measuring the impact of their quality improvement efforts.
- Providing training and TA in QOC and CQI.

As a result of these efforts, quality improvement was "mainstreamed" in SEATS’ subprojects. Virtually all subprojects developed and implemented plans to improve the quality of care they provided, and 77 percent of service delivery subprojects set up their own CQI teams that identified quality problems and took action to improve the quality of their services. The strong client orientation is evident from the fact that 92 percent of service delivery subprojects undertook client or community surveys, focus group discussions, or other activities to determine client and community perceptions of services—and acted on their findings.

Since each subproject developed its own quality objectives, the results cannot be aggregated projectwide. However, 12 subprojects showed measurable improvement in two quality indicators—twice as many as required under the SEATS contract. Even so, there is a great deal of room for improvement. The use of practical indicators of QOC and the shift from a process orientation to a results orientation will take time to become institutionalized in the field.

SEATS’ work in QOC is described in more detail in the publication *Mainstreaming Quality Improvement in Family Planning and Reproductive Health Services Delivery, Context and Case Studies*.

c. Enhancing Sustainability

Enhancing the sustainability of SEATS II subproject partners and their activities was an essential part of the project, and critical to achieving its overall goal. Financial and institutional sustainability were integral to SEATS’ strategic approach to enhancing access to and quality of FP/RH services and maintaining or continuing to expand the services after SEATS’ input ended.

SEATS’ sustainability objective was to assist partners to: strengthen their institutional and financial capacity; increase the attractiveness of their program and services to their clients and potential investors—government and donors; and expand their non-USAID funding from a combination of donor and local resources. SEATS’ approach evolved over the life of the project to reflect the changing needs of implementing partners and changes in SEATS’ contractual requirements.

Four basic premises shaped the SEATS approach to enhancing sustainability in subproject partners:

- Integrate sustainability into subproject design;
- Address a range of institutional and financial elements;
- Provide client-centered services;
- Vary approach based on level of development and operating environment.

SEATS undertook a significant number of activities at the headquarters and field levels. Some were incorporated into PR 3, Leveraging, described below. Along with the leveraging activities, SEATS produced the SEATS II sustainability and cost recovery plan, as one of SEATS milestones. The plan was designed to support core and field staff efforts to incorporate sustainability into subproject design and implementation. It also provided a format for developing and monitoring sustainability plans.

SEATS I also produced and under SEATS II disseminated a two-volume guide: *Designing and Implementing User Fees*, to assist subproject partners in considering the merits of designing user fees and work through the steps needed to do so.

SEATS approached sustainability differently in its two regions of operation—Africa and ANE—due to diverse policy and programmatic environments. Assistance to the Africa region went mostly to subprojects that were part of established and experienced national FP programs. In most cases, although FP services had been provided for many years, sustainability had not been addressed or articulated as an objective from the beginning of the services. Under SEATS, sustainability became a new initiative to be incorporated into their operations. SEATS provided training, workshops, assistance to design sustainability plans, and help in implementing and monitoring progress.

The Asia/Near East subprojects involved private organizations and public services that were either newly formed or that had limited capacity in providing RH services. For example, the Albania MOH had never provided contraceptives because they were previously illegal in that country; and in Cambodia, few or no contraceptive services, either public or private, had ever existed. This context called for a different approach. In these cases, sustainability elements were incorporated more fully into the basic growth strategies of the organizations. SEATS focused primarily on institutional capacity building as these organizations built their FP capacity, skills among health professionals, and diversity in method mix. Given the programmatic diversity and geographic distance between the ANE subprojects, SEATS did not focus on regional activities. Again, however, assistance was provided in developing and implementing sustainability plans, and training and TA were SEATS' primary inputs.

The indicators used to monitor the extent to which subprojects achieved their sustainability objectives included:

- Initial investment from the local partner including support of recurrent costs;
- Increased utilization of services;
- Improved planning, management, staff skills, leadership, and political support;
- Increased diversification of the funding base;
- Increased income earned locally, including fees, local government stipends, and local donations.

SEATS exceeded the contractual requirement in the contract modification that it develop and implement sustainability plans in 50 percent of its subprojects. The details of the plans and key sustainability efforts are available by subproject.

A detailed description of SEATS' sustainability activities and key lessons learned is available in the publication, *“Enhancing the Sustainability of Reproductive Health Services: Lessons Learned from the SEATS Project.”*

LESSONS LEARNED

SEATS brought to life the challenges of managing support for service delivery in a post-ICPD world. Its lessons reaffirm what many in the reproductive health community have learned over the last five years—a reassuring endorsement of the strategies adopted. Key lessons are summarized below.³

Access—making services available to clients: SEATS' experience with increasing access points to lessons related to the challenges of implementing more comprehensive reproductive health programs in the spirit of the ICPD. The project learned that:

- Access encompasses more than physical availability of services, and important barriers still exist
- All basic components of service delivery should be in place to ensure service access and use—and some components are so vital that without them, other improvements lose their effectiveness

Quality of care—meeting clients' needs: SEATS sought to build a client orientation among service providers, to mainstream continuous quality improvement, and to identify a workable approach to measuring quality. The best practices and lessons learned were:

- Quality must be built in from the beginning
- The capacity for continuous quality improvement must be built in
- Quality of care has three core aspects: improving the capability, or “readiness,” of facilities to provide quality services, improving provider knowledge and skills, and increasing client satisfaction
- QOC needs to be continuously monitored and measured—at different levels of the system
- Attention to quality yields rewards—it results in improvements, it empowers clients and providers, and it ensures clients will pay more for quality services

³ The details of lessons learned from SEATS' work are included in the technical report, *“Proven Approaches, New Strategies: Innovations, Best Practices and Lessons Learned from the SEATS II Project.”*

Sustainability—continuing to serve clients: Some clear directions for enhancing sustainability are indicated by what SEATS has learned:

- Investment from the outset in institutional planning and management capacity is fundamental to sustainability
- The inherent tensions among rapid service expansion, service to the poor, and long-term sustainability can be managed effectively
- Many sustainability issues are effectively addressed through the continuous quality improvement process of team-based problem solving
- Access to contraceptive commodities is critical for program continuation
- Public-sector and adolescent programs require special approaches to sustainability
- Successful leveraging of additional resources can also create new organizational challenges

General Lessons: Some of the lessons learned through the SEATS project are cross-cutting:

- Unmet need is most effectively addressed through simultaneous, synergistic improvements in access, quality, and sustainability
- Reinforcing evidence-based programming encourages ownership of problems and solutions and appropriateness of interventions
- Future programming, particularly in systems undergoing decentralization, needs to build in a permanent capacity to collect and use data
- Integrating family planning and other reproductive health services responds better to what clients and countries are demanding
- Globally, demand is high for a responsive, broad-based capability that combines proven approaches with new strategies

CONCLUSION

The SEATS project highlighted the inter-relatedness of the three core elements of access, quality, and sustainability. Most importantly, the project demonstrated that with a carefully managed approach to all three, it is possible to balance the apparently competing demands of expanding access, reaching the poor, and achieving long-term sustainability.

In SEATS' experience, focus on the client is key. This value, commonplace in the development community, was new to many in-country partners who nevertheless became enthusiastic proponents, once equipped with the appropriate understanding and skills. Services flourished, and long-term sustainability became a real possibility. There are now proven approaches and the tools required to make profound changes in service delivery systems and providers. This offers the opportunity to make 'client-centered' not just a mantra of consultants, but grounded in the day-to-day activities of reproductive health services everywhere.

ANNEX 1

SEATS II Performance and Transitional Milestones

Quarter	Milestones	Means of Measurement	Status	Date of Achievement	Financial Effect
2a	Project-wide strategic plan approved	Project-wide strategic plan identifying priority countries.	Completed	July 1995	29,165
2b	Four country strategic plans approved	Four country plans articulating objectives, outcomes, and outputs approved by USAID: 1. Zimbabwe: July 17, 1995 2. Turkey: July 19, 1995 3. Albania: July 20, 1995 4. Senegal: July 24, 1995	Completed	July 1995	29,165
2c	Contracting manual revised	Manual submitted to USAID. The verification of this milestone required submission only, not approval.	Completed	July 1995	29,165
3a	Clinical protocols approved	Clinical protocols for long-term and surgical methods approved.	Completed	October 1995	43,750
3b	Strategic plans completed for total of six countries	This is a cumulative indicator; two additional country strategic plans were approved: • Nigeria: August 21, 1995 • Eritrea: October 27, 1995	Completed	(See Means of Measurement)	43,750

SEATS II Performance and Transitional Milestones

Quarter	Milestones	Means of Measurement	Status	Date of Achievement	Financial Effect
4a	Eight subproject agreements finalized	Eight subprojects approved by USAID: 1. Soysal Sigortalar Kurumu (SSK), Turkey: November 2, 1995 2. Bulawayo Training, Zimbabwe: March 22, 1996 3. MAPS Launch Regional: January 18, 1996 4. Chitungwiza, Zimbabwe: October 20, 1995 5. Midwives, Uganda: October 17, 1995 6. Santé de la Famille (SANFAM), Senegal: August 17, 1995 7. Association Sénégalaise du Bien-Etre Familial (ASBEF), Senegal: October 20, 1995 8. FPPII (Integration) Regional: August 23, 1995	Completed	(See Means of Measurement)	87,500
5a	MOU executed for six countries	Not approved	N/A	N/A	0
5b	Annual workplan approved by USAID	Annual workplan to include adjustments needed for strategy, performance milestones for the year, regional plans and strategy, plans for technical initiatives.	Completed	May 6, 1996	43,750
6a	Monitoring and evaluation plan submitted	General strategy, methodology, and procedures for MIS and evaluation and plans for special studies.	Completed	July 31, 1996	13,125
6b	Quality of care/reproductive health strategy developed	Strategy to include objectives and milestones for reproductive health and quality improvement components. Verification of milestone requires submission to USAID, not approval.	Completed	August 5, 1996	39,375

SEATS II Performance and Transitional Milestones

Quarter	Milestones	Means of Measurement	Status	Date of Achievement	Financial Effect
6c	200,000 CYP achieved	CYP achievement report submitted to USAID tracked through SEATS' DBMS that tracks and calculates CYP output based on subproject quarterly reports. Verification of milestone requires submission to USAID, not approval.	Completed	August 5, 1996	196,875
6d	SEATS II Materials Management Manual updated and finalized	Verification of milestone requires submission to USAID, not approval.	Completed	December 22, 1995	13,125
7a	Eight strategic plans for countries in place	This is a cumulative indicator; two country plans were submitted: ♦ Russia: November 21, 1995 ♦ Uganda: July 30, 1996	Completed	(See Means of Measurement")	29,165
7b	Technical assistance databank functional	Verification of milestone requires submission to USAID, not approval.	Completed	May 26, 1996	9,165

SEATS II Performance and Transitional Milestones

Quarter	Milestones	Means of Measurement	Status	Date of Achievement	Financial Effect
7c	Sixteen subproject agreements finalized	<p>This is a cumulative indicator.</p> <ol style="list-style-type: none"> 1. Lusaka Urban, Zambia: March 20 1996 2. Programme National de Planification Familiale (PNPF), Senegal: March 29 1996 3. Bulawayo VSC , Zimbabwe: May 3, 1996 4. National Union of Eritrean Youth and Students (NUEYS), Eritrea: October 11, 1996 5. Novosibirsk Oblast, Russia: October 18, 1996 6. Public/Private, Albania: October 18,1996 7. Association Nationale des Sages-Femmes Sénégalaises (ANSFS), Senegal: October 18, 1996 8. Zimbabwe Nurses Association (ZINA), Zimbabwe: November 25. 1996 			29,165
8a	A total of 450,000 CYP achieved	This is a cumulative indicator.	Completed	July 14, 1997	118,125
8b	Two hundred new and improved service sites functional.	The verification of this milestone requires submission to USAID, not approval.	Completed	April 29, 1997	118,125
8c	Sustainability and cost recovery plans approved	Sustainability cost recovery plans to include objectives, outputs and anticipated outcomes and challenges. Sustainability plans are approved when contracting officer's technical representative (COTR) approves subprojects.	Completed	January 29, 1997	26,250

SEATS II Performance and Transitional Milestones

Quarter	Milestones	Means of Measurement	Status	Date of Achievement	Financial Effect
9a	Twenty six subproject agreements completed	<p>This is a cumulative indicator. Ten subproject agreements were submitted to USAID:</p> <ol style="list-style-type: none"> 1. Every Opportunity, Eritrea: December 9, 1996 2. Assistance to Save the Children Federation (SCF), Mozambique: August 29, 1997 3. TDH Child Survival Project in Sofala Province, Mozambique: August 29, 1997 4. RHAC: June 13, 1997 5. Primorsky Krai, Russia: July 26, 1996 6. MAPS, Zambia: September 17, 1997 7. Lusaka Urban Youth, Zambia: September 18, 1997 8. Gweru Youth, Zimbabwe: December 5, 1997 9. Cambodian Midwives Association (CMA), Cambodia: December 17, 1997 10. Gweru, Zimbabwe: March 22, 1996 	Completed	(See Means of Measurement)	58,310
9b	Year three annual workplan approved	Requires submission to USAID for COTR: approval.	Completed	April 30, 1997	58,310

SEATS II Performance and Transitional Milestones

Quarter	Milestones	Means of Measurement	Status	Date of Achievement	Financial Effect
9c	MOUs for nine countries finalized	Not approved.	N/A	N/A	-58,310
10a	Revised SEATS strategic plan approved ¹	The revised strategic plan incorporated new USAID initiatives and changes in external environments and country priorities.	N/A	N/A	58,310
10b	Subproject Materials Management Manual completed and field tested	The verification of this milestone requires submission to USAID, not approval.	N/A	N/A	58,310
10c	Program review report approved	The program review report assessed quantity and quality of program activities at all levels in light of available resources with implications for project monitoring.	N/A	N/A	58,310
11a	Strategic plans for ten countries completed	This is a cumulative indicator and the verification of this milestone requires submission to USAID, not approval. Two strategic plans were submitted to USAID: 1. Cambodia: February 10, 1997 2. Zambia: February 26, 1997	Completed	(See Means of Measurement)	26,250

¹ SEATS II Contract modification was implemented in January 1998. Extracted from the contract modification: “It is understood and agreed that those Performance Milestones indicated in Attachment J through Quarter 9 shall be appropriate for submission, along with the two milestones in paragraphs d3.a and b. below [see above – “transitional milestones”]. All of these remaining milestones will be due for completion by January 31, 1998. After this has been accomplished, Attachment J will be considered as deleted from this contract.

SEATS II Performance and Transitional Milestones

Quarter	Milestones	Means of Measurement	Status	Date of Achievement	Financial Effect
11b	Thirty-six subproject agreements finalized	This is a cumulative indicator. The contract modification reduced the total number to 30: 1. WRC, Mozambique: May 8, 1998 2. HAI, Mozambique: July 8, 1998 3. UMPA II , Uganda: March 27, 1998 4. Kyrgyzstan, February 8, 1999	N/A	N/A	131,250
11c	Quality of care monitoring in 75% of projects	Report on monitoring process for QOC is submitted for quality of care defined in SEATS quality of care strategy.	N/A	N/A	17,500
12a	500 new or improved service sites operational	This is a cumulative indicator and the verification of this milestone requires submission to USAID, not approval. A report on 335 additional new and improved service sites was submitted.	See transitional milestone d.3.a.		
12b	15 evaluation or special studies completed	Summary report of special studies and evaluations submitted to USAID. The report includes executive summaries of 15 evaluations and special studies and summary report addressing implications for SEATS strategic objectives.	N/A	N/A	26,250
12c	Evaluation of SEATS procurement process completed	Report by outside consultant assessing SEATS' procurement process submitted to USAID. The verification of this milestone requires submission to USAID and not approval.	N/A	N/A	13,125
12d	Mid-term technical assistance assessment plan completed	Report on project outputs in TA and implications and recommendations for modifications. The verification of this milestone requires submission to USAID and not approval.	N/A	N/A	13,125

SEATS II Performance and Transitional Milestones

Quarter	Milestones	Means of Measurement	Status	Date of Achievement	Financial Effect
12e	One dissemination workshop completed	Summary report of dissemination workshop submitted to USAID. The report included the agenda, participant list, copies of principal papers presented, and summary of major findings and conclusions. The verification of this milestone requires submission to USAID and not approval.	See transitional milestone d.3.b		
Transitional Milestones					
d.3.a ² (12a)	The milestone of 500 new or improved service sites operational as jointly defined and agreed to by JSI and USAID. The performance standard is a report on 300 new and improved service sites submitted to the COTR, which along with the 200 sites previously submitted meets the milestone. The procedure for sign-off will be that SEATS submits the report to the COTR, who has one week to sign off.		Completed	January 30, 1998	196,875
d.3.b (12e)	The milestone of one dissemination workshop to be completed. The performance standard is the summary report of the dissemination workshop submitted to USAID. The report is to include the participant list, copies of principal papers presented, and summary of major findings and conclusions. The procedures for sign-off will be that SEATS submits the report to the COTR, who has one week to sign off.		Completed	January 29, 1998	13,125

² Extracted from the SEATS II Contract Modification (January 1998).

SEATS II Strategic Framework

USAID/Global/PHN Strategic Objectives

- SO 1: Increased use by women and men of voluntary practices that contribute to reduced fertility
 SO 2: Increased use of safe pregnancy, women's nutrition, family planning, and other key reproductive health interventions
 SO 3: Increased use of key child health and nutrition interventions
 SO 4: Increased use of proven interventions to reduce HIV/STD transmission

SEATS PURPOSE: To expand the development of, access to, and use of quality family planning and reproductive health services in currently underserved populations; and ensure that unmet demand for these services is addressed through providing appropriate financial, technical, and human resources.

Original Contract (1/24/95 – 1/13/98) Milestones	Contract Modification (after 1/13/98) Indicators
<p>PRIMARY OBJECTIVE:</p> <p>A) To support 50 multi-year family planning service delivery subprojects</p> <ul style="list-style-type: none"> • SEATS II strategic plan approved by Q2; revised plan by Q10 • 8 country strategic plans in place by Q7; 10 plans by Q11 • 26 subproject agreements by Q9; 50 by Q13-16 • MOUs for 9 countries finalized by Q9 • Program review report approved by Q10 	<p>PRIMARY OBJECTIVE:</p> <p>Identify and develop new multi-year reproductive health subprojects</p> <ul style="list-style-type: none"> • 30 subprojects developed over life of project
<p>B) To analyze, document and disseminate (not explicitly stated in contract as an objective)</p> <ul style="list-style-type: none"> • M&E plan submitted by Q6 • One dissemination workshop by 1/31/98; three dissemination seminars by Q17-20 • 15 evaluation or special studies completed by Q12 • Information dissemination system implemented in subprojects 	<ul style="list-style-type: none"> • PR 1: Identify, analyze and disseminate findings on SEATS II experience. Deliverables: <ul style="list-style-type: none"> • PR1 strategy approved • Technical document • Presentation materials • Dissemination plan made operational • Information dissemination system implemented in subprojects

APPROACHES:	
<p>1) Support for Quality Family Planning Services</p> <ul style="list-style-type: none"> • Clinical protocols approved by Q3 • RH/ QOC strategy developed by Q6 • Quality of Care monitoring in 75% of projects by Q11 	<p>1) Support for Quality Family Planning/Reproductive Health Services</p> <ul style="list-style-type: none"> • 50% of “new” subprojects will develop action plans for CQI and demonstrate measurable improvement in at least two quality indicators • All “old” subprojects will contain, where appropriate, plans for improving quality • QOC plans operational in PR2 sites
<p>2) Family Planning and Reproductive Health <i>(Includes Special Initiatives: MAPS, Urban, Integration, Literacy, Youth and Technical Initiatives: Quality of Care, Sustainability, M&E)</i></p> <ul style="list-style-type: none"> • 450,000 CYP achieved by Q8; 2 million by Q17-20 • 200 service sites functional by Q8; 300 by 1/31/98; 700 by Q13-16 • Mid-term TA assessment plan completed by Q12; end-of-project TA results assessed by Q17-20 • Has met CPR objectives in target populations and countries specified in annual plan by Q17-20 • Increase CPR by at least 2% per year in subprojects • Baseline, interim and end-of-project data on all subprojects for contraceptive prevalence and quality of care • Skilled and competent subproject staff • Supervisory and training system implemented in subprojects 	<p>2) Family Planning and Reproductive Health</p> <ul style="list-style-type: none"> • Baseline/end of project data on all subprojects for CPR or proxy and QOC • Skilled and competent subproject staff • Supervisory and training system implemented in subprojects • PR 2: Improved capacity of selected PVOs in RH services in three sites. Deliverables: <ul style="list-style-type: none"> • Proposals for each PVO/NGO project • Report and dissemination of findings

<p>3) Management and Planning (Includes: MAPS, Urban)</p> <ul style="list-style-type: none"> Contracting manual revised by Q2 TA databank functional by Q7 Annual workplans approved by Q5, Q9, Q13-16, Q17-20 Self-evaluation mechanisms functional in 12 subprojects by Q13-16 Final report approved by Q17-20 MIS at three levels in subprojects: national level when appropriate; subproject level systems compatible with national system; and project-wide system Annual workplans and related deliverables in subprojects 	<p>3) Management and Planning</p> <ul style="list-style-type: none"> All “old” subprojects will contain an M&E plan MIS at three levels in subprojects: national level when appropriate; subproject level systems compatible with national system; and project-wide system Annual workplans and related deliverables in subprojects Baseline data will be collected and MIS systems will be in place at PR2 sites
<p>4) Program Sustainability</p> <ul style="list-style-type: none"> Sustainability and cost recovery plans approved by Q8 Sustainability plans implemented in 50% of subprojects by Q13-16 Cost recovery implemented in 40% of subprojects by Q13-16 Three regional sustainability seminars completed by Q17-20 Cost recovery plans implemented in subprojects 	<p>4) Program Sustainability</p> <ul style="list-style-type: none"> All “old” subprojects shall contain, where appropriate, plans for enhancing sustainability Sustainability plans shall be implemented in at least 50% of subprojects Sustainability plans operational in PR2 sites Cost recovery plans implemented in subprojects PR 3: Funds will be leveraged to support at least 25% of the costs of 2 subprojects. Deliverables: <ul style="list-style-type: none"> Guidelines (leveraging guide) Report and dissemination of each subproject where 25% of funds have been leveraged
<p>5) Commodities, Shipping and Procurement Plans</p> <ul style="list-style-type: none"> Materials Management Manual updated and finalized by Q6, and field-tested by Q10 Evaluation of procurement process completed by Q12 Procurement plan implemented in subprojects 	<p>5) Commodities, Shipping and Procurement Plans</p> <ul style="list-style-type: none"> Procurement plan implemented in subprojects
	<p>SECONDARY OBJECTIVE: To provide technical assistance, at the request of Missions and USAID Bureaus, to enhance reproductive health access and services.</p>

SEATS II SUBCONTRACTOR PARTNERS

ACNM

Donna Vivio
818 Connecticut Avenue, NW
Suite 900
Washington, DC 20006
Phone: (202) 728-9860
Fax: (202) 728-9897
email: dvivio@acnm.org

PATH:

Anne Wilson
1990 M Street, NW
Suite 700
Washington, DC 20036
Phone: (202) 822-0033
Fax: (202) 457-1466
email: awilson@path-dc.org

**American Manufacturers Export Group
(AMEG):**

Wes Tribble
16300 Katy Freeway, Suite 275
Houston, Texas 77094
Phone: (281) 371-0088
Fax: (281) 371-3882
email: wtribble@ameginc.com

PPFA:

810 7th Avenue
New York, NY 10019
Phone: (212) 541-7800
Fax: (212) 247-6269

AVSC:

Lyn Bakamjian
Sara Warren-Gardner
440 9th Avenue
New York, NY 10001
Phone: (212) 561-8000
Fax: (212) 779-9439
email: lbakamjian@avsc.org

World Education:

David Kahler
44 Farnsworth Street
Boston, MA 02210-1211
Phone: (617) 482-9485
Fax: (617) 482-0617
email: david_kahler@jsi.com

Initiatives, Inc.:

Joyce Lyons
276 Newbury Street
Boston, MA 02116
Phone: (617) 262-0293
Fax: (617) 262-2514
email: initiatives@worldnet.att.net

Selected Publications for the Family Planning Service Expansion and Technical Support (SEATS II) Project

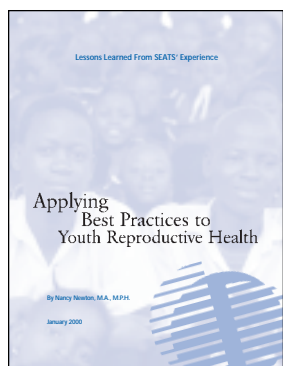
PUBLICATIONS LIST



Proven Approaches, New Strategies: Innovations, Best Practices, and Lessons Learned From the SEATS II Project

by SEATS, January 2000.

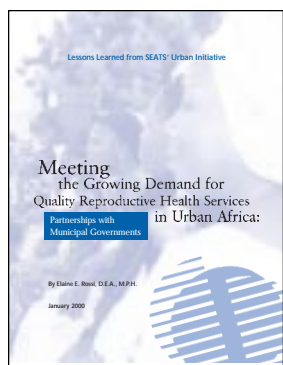
This document summarizes the innovations, best practices, and lessons learned from the SEATS II Project. It draws key lessons from several analytic exercises involving both field and headquarters staff as well as from many of the other papers available on this list. In addition to summary data on achievements in improving access to and the quality of family planning/reproductive health service delivery, the document includes programmatic findings related to access, quality, and sustainability. It also points to the future for family planning/reproductive health service delivery programs.



Applying Best Practices to Youth Reproductive Health: Lessons Learned from SEATS' Experience

by Nancy Newton, M.A., M.P.H., January 2000.

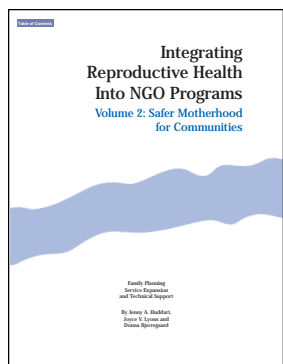
Meeting the complex and diverse sexual and reproductive health needs of young people was a focus of SEATS' subprojects in eight countries: Albania, Burkina Faso, Cambodia, Eritrea, Russia, Senegal, Zambia, and Zimbabwe. This report describes subprojects' experiences in applying documented best practices and novel approaches to promoting, protecting, and improving young people's sexual and reproductive health, including integrated clinical services, peer education, community mobilization, and continuous quality improvement.



Meeting the Growing Demand for Quality Reproductive Health Services in Urban Africa: Partnerships with Municipal Governments

by Elaine E. Rossi, D.E.A., M.P.H., January 2000.

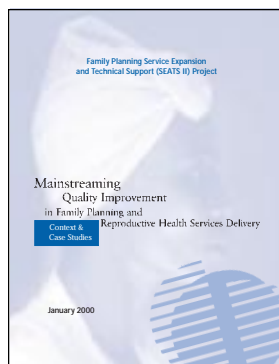
As decentralization and democratization gain footholds in urban centers throughout Africa, the role of municipal officials in both planning and resource allocation for social services is growing. *Meeting the Growing Demand for Quality Reproductive Health Services in Urban Africa: Partnerships with Municipal Governments* details how the SEATS Project improved the ability of municipalities to implement projects and activities aimed at local leaders to meet the increasing demand for accessible, high-quality family planning and reproductive health services. The paper presents key lessons learned from the project's Urban Initiative activities in ten urban areas within Guinea, Mozambique, Senegal, Zambia and Zimbabwe, and identifies the diversity of city-specific needs by each municipal/national team involved in the work. It also describes the origins and experiences of the Urban Initiative's eight years of work developing program models, tools, and innovations that should be applicable to municipal leaders, in Africa and other regions of the world, striving to meet the rapidly increasing demand for quality services.



Integrating Reproductive Health Into NGO Programs Volume 2: Safer Motherhood for Communities

by Jenny A. Huddart, Joyce V. Lyons, and Donna Bjerregaard, January 2000.

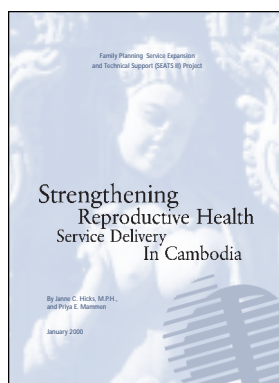
As organizations with strong ties to their communities, NGOs and PVOs are ideally suited for facilitating community level interventions. *Integrating Reproductive Health Into NGO Programs Volume 2: Safer Motherhood for Communities* handbook provides guidance to organizations about accessing the resources of the formal health system, but primarily focuses on interventions appropriate at the community level. Its objective is to assist interested NGOs to help communities assess, organize, and implement "safer motherhood" strategies.



Mainstreaming Quality Improvement in Family Planning and Reproductive Health Services Delivery: Context and Case Studies

by SEATS, January 2000.

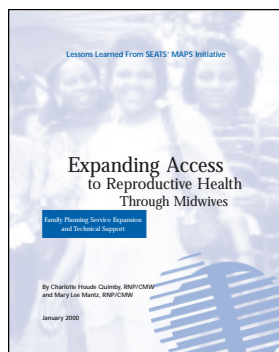
This document summarizes SEATS' experience in improving the quality of family planning and reproductive health services in a wide variety of settings. It outlines how SEATS approached "mainstreaming" continuous quality improvement in its subprojects, with special emphasis on making services more responsive to clients' concerns. It shows how the project's approach to improving and measuring the quality of care evolved and suggests how to build on the project's experience. The report includes brief case studies from Albania, Cambodia, Eritrea, Russia, Senegal, Turkey, Zambia and Zimbabwe, and describes how the program improved the quality of care in hospitals, public and private clinics, community-based distribution programs, and private midwifery practices. This report is intended for program managers at the systems level, such as those involved with national, regional, or municipal activities, or in institutions such as NGOs or hospitals.



Strengthening Reproductive Health Service Delivery in Cambodia

by Janne C. Hicks, M.P.H., and Priya E. Mammen, January 2000.

This paper explores SEATS' contribution to improving family planning and reproductive health care in Cambodia. It illustrates how SEATS implemented a broad strategy including the public and private sectors, national and community-level interventions, and clinical and educational programs through its three partner organizations: the Reproductive and Child Health Alliance, the Reproductive Health Association of Cambodia, and the Cambodian Midwives Association. The report details work conducted in five technical areas deemed necessary for strengthening reproductive health care in a country that suffers from a severe lack of trained manpower and decimated infrastructure. The technical interventions include safe motherhood, service expansion and outreach, logistics management, quality improvement, and organizational development. Lessons learned are presented to guide future program operations in Cambodia.



Expanding Access to Reproductive Health through Midwives: The MAPS Initiative

by Charlotte Houde Quimby, RNP/CMW, and Mary Lee Mantz, RNP/CMW, January 2000.

Midwifery Association Partnerships for Sustainability (MAPS) is implemented by SEATS' partner, the American College of Nurse-Midwives (ACNM). The Initiative promotes the development of midwives, a normally underutilized human resource, as a way to address unmet needs for family planning and reproductive health care. This paper explains how MAPS works with midwives, in both private and public sectors, through their professional associations. The report details the Initiative's successful strategic approach using three levels of association development, its model for capacity building of associations and members, its efforts to create a more enabling practice environment by integrating quality and sustainability, its launch of model clinic sites, and results of its policy initiatives. The document also includes case studies of MAPS efforts since 1995, involving collaboration with associations in Senegal, Uganda, Zambia, and Zimbabwe.



Vital Connection – Linking Women's Literacy Programs and Reproductive Health Services

by SEATS' partner World Education, Inc., 1999.

The *Vital Connections* handbook grew out of the Women's Literacy Initiative, an effort that aims to create new and stronger links among women's literacy programs, the local and international agencies that sponsor them, and the international family planning and reproductive health community. The book builds the case for establishing an integrated health/literacy program and offers guidance on steps to do so. It responds to the Program of Action of the 1994 International Conference on Population and Development (ICPD) and the 1995 Fourth World Conference on Women by reinforcing calls to eradicate illiteracy and promote gender equity. The intended audience for this document includes managers in organizations offering literacy courses or reproductive health services, policymakers, donors, and others involved in community work to promote informed decision making among women.



Family Planning Program Monitoring and Evaluation System (FPPMES)-Manual and Spreadsheet Application for Lotus or Excel, 1999. (Also new- Excel version available in Spanish)

Family planning program managers, researchers, and others can use FPPMES to convert quarterly contraceptive supply data and population size and growth rate information into estimates of couple-years of protection and contraceptive prevalence rates. The output consists of tables displaying each statistic by contraceptive method and by quarter and graphs that can be designed by the user. The original FPPMES was published in 1996 for Lotus and owing to its popularity, was recently published for Excel and in Spanish.

Forthcoming from the SEATS Project...

SEATS II Guide to Leveraging: Mobilizing and Diversifying Resources for Reproductive Health

by Lisa Hare, Joseph Sclafani, Beth Daly, Maggie Huff-Rousell, John Holley, and Margaret Phillips.

This handbook was written to assist in building the capacity of reproductive health organizations to analyze, design, and implement approaches to leveraging resources—attracting the support necessary to continue or expand services through use of the organization's assets (facilities, skilled personnel, experience, programmatic expertise, successes). The guide presents leveraging as a marketing challenge—marketing of an organization, its programs, services, and products to attract sufficient financing for current and future plans. The guide includes annotated references that cover various topics in more depth. Case examples, figures, and worksheets run throughout the guide to both illustrate aspects of leveraging and to assist the reader to think through critical aspects of leveraging. The guide will be published in March 2000.

Enhancing the Sustainability of Reproductive Health Services: Lessons Learned from the SEATS II Project

by SEATS.

The sustainability of its in-country development partner organizations and their activities has been critical to SEATS' work. Defining sustainability as *the capacity of an implementing partner to provide quality reproductive health services at a steady or growing level to underserved populations while decreasing dependence on external aid*, SEATS II's collaboration with its partners has included assistance to: (1) strengthen their institutional and financial capacity; (2) increase the attractiveness of their program/services to their clients and potential investors (government, donors); and, (3) expand their non-USAID funding from a combination of donor and local resources. This paper describes both the SEATS multi-dimensional approach to sustainability and the lessons learned from the project experiences.

The Performance Improvement Review (PIR) Package: A Quality Assurance Tool for Community-based Organizations

by SEATS' partner Initiatives, Inc.

The PIR, developed by SEATS' partner, Initiatives, Inc., is a set of quality assurance tools to support PVOs/NGOs as they integrate FP/RH activities into their existing portfolios. It is an approach that helps community-based programs conduct self-directed program reviews, identify key problems and develop corrective action plans. It can be an effective monitoring and evaluation system providing data for tracking progress and also can help establish a culture of quality as it builds relationships with implementing partners and involves them in problem solving. A structured process like the PIR helps organizations recognize and understand program quality holistically within the context of their program rather than as an isolated element.

The Reproductive Health Integration Initiative Performance Study and its Results

by SEATS' Initiatives, Inc.

SEATS' Reproductive Health Integration Initiative (RHII) aimed to expand and improve FP/RH service delivery by providing support and guidance to NGOs/PVOs wishing to integrate FP/RH activities into their existing portfolios. Multiple resources were developed, including RHII handbooks, a trainer's guide, and the Performance Improvement Review Package. A series of regional integration workshops was conducted in Africa and Asia. To further study the process of integration, SEATS offered additional technical assistance to four organizations (World Vision/ Zambia; the Christian Children's Fund/ Zambia; CASP-PLAN/ India and the Kunzwana Women's Association in Zimbabwe) implementing community-based family planning services. This paper focuses on the use of the PIR tools to monitor progress at these four sites.

Integrating Family Planning/Reproductive Health into NGO and PVO Activities: Experiences and Lessons from the Field

by SEATS.

PVOs and NGOs—key partners for SEATS' Integration Initiative—have shown that it is possible to work collaboratively with the most needy communities to provide services to populations not reached by government or other services because of logistical, cultural, or economic constraints. While health has been an important intervention for many PVOs and NGOs, family planning has not traditionally been a focus. By partnering the technical expertise of SEATS with the community experience and contacts of the PVOs and NGOs, SEATS was able to develop and implement a strategy to successfully integrate family planning activities into the ongoing programs of several PVOs and NGOs, expanding services to underserved populations. This report describes the SEATS experience with and lessons learned from five field projects.

Also Available from the SEATS Project...

Programs in Countries Coping with the Effects of War and Civil Strife: Experiences in Albania, Cambodia, and Eritrea

by SEATS, September 1999.

Client Perceptions of Reproductive Health Services in Vladivostok and Novosibirsk, Russia

by SEATS MotherCare; Department of Public Health, Novosibirsk Oblast; Department of Health Services, Primorsky Krai, 1998.

Integrating Reproductive Health Into NGO Programs, Volume 1: Family Planning Second Edition

(available in English and French) — Trainers Guide also available.

by Joyce V. Lyons and Jenny A. Huddart, 1997.

Plan for Sustainability: Guidelines to Strengthening Institutions and Recovering Costs

by SEATS, 1997.

Strategy for Quality of Care in Family Planning and Reproductive Health

by Linda Ippolito, Nancy Harris, and Don Lauro, 1996.

Comparative Costs of Family Planning Services and Hospital-based Maternity Care in Turkey

by H. Volkan Çakir, Stephen J. Fabricant, and F. Nilgun Kircalioglu, 1996.

Findings from the Sub-Saharan Africa Urban Family Planning Study Blantyre, Bulawayo, Mombasa City Reports and Overview Report

by The Centre for African Family Studies, Nairobi, Kenya; John Snow, Inc., SEATS Project, Washington, DC; Center for Population and Family Health, Columbia University, NY, 1995.

Management of Community-Based Family Planning Programs: A Manual for Trainers and Trainees

by The Centre for African Family Studies; John Snow, Inc., SEATS Project, Washington, DC; Center for Population and Family Health, Columbia University, NY, 1992.

Designing a User-Fee System

(available in English, French, and Spanish)

by Lawrence M. Day, 1992.

User Fees for Sustainable Family Planning Services

(available in English, French, and Spanish)

by Lawrence M. Day, 1992.

Final Country Reports:

Albania

Eritrea

Kyrgyzstan

Mozambique

Uganda

Zambia

Zimbabwe

Gweru, Zimbabwe Youth Baseline and Endline Survey Results.

(June 1999 - forthcoming)

Lusaka, Zambia Youth Baseline and Endline Survey Results.

(1999 - forthcoming)

Baseline Assessment Conducted in Mabalane and Guija Districts Gaza Province, Mozambique September 1998.

Eritrea Quality and Access Survey Baseline Results.

(forthcoming)

These publication can be obtained from the following:

Development Experience Clearinghouse

1611 N. Kent Street, Suite 200
Arlington, Virginia 22209

or, they can be downloaded from the following websites:

www.dec.org

www.seats.jsi.com

SEATS II SUBPROJECT PORTFOLIO

Country	Project #	Name/Title	Start	End	Field support
ASIA/NEAR EAST/EUROPE/NIS					
Albania	# 5048-581	Expanding FP/RH Services in the Public and Private Sectors	1/1/96	6/30/00	\$2,600,000
Cambodia	# 5049-700	Cambodian Midwives Association (CMA): Skills Development and Organizational Development Program	4/1/97	12/31/99	\$5,959,000
	#5049-699	Reproductive Health Association of Cambodia (RHAC)	1/1/97	12/31/98	
	PR #3 Site:	RHAC			
India	PR #2 Site:	CASP-PLAN			
Kyrgyzstan	#5047-720	FP/RH Services for Family Group Practices	7/1/98	12/31/99	\$1,165,000

SEATS II SUBPROJECT PORTFOLIO

Country	Project #	Name/Title	Start	End	Field support
Russia	#5049-598	Collaborative FP/RH Services Development Project: Novosibirsk Oblast	7/1/95	11/30/97	\$958,376
	#5049-597	Collaborative FP/RH Services Development Project: Primorsky Krai	7/1/95	11/30/97	
Turkey	#5048-612	SSK Program Development	1/1/95	4/30/97	\$930,000
AFRICA					
Eritrea	# 5049-321	MOH Every Opportunity: FP Service Delivery Project	1/1/96	10/31/99	\$2,844,058
	#5049-322	Access for Youth: FP/RH Service Delivery Subproject	1/1/96	1/31/98	
Guinea	#5048-154	Guinea Urban Initiative	3/1/98	10/31/99	\$100,000

SEATS II SUBPROJECT PORTFOLIO

Country	Project #	Name/Title	Start	End	Field support
Mozambique	#5048-187	Health Alliance International: Integration of FP/RH Activities	6/1/98	9/30/99	\$1,430,000
	#5048-185	Save the Children Federation: Synergy for Improved Health	7/1/97	9/30/99	
	#5048-183	Assistance to Terre des Hommes Child Survival Project	6/1/97	9/30/99	
	#5048-189 PR #2 Site:	World Relief—Integration of FP/RH World Relief	3/1/98	9/30/99	
Senegal	# 5048-108	ASBEF—Young Adult Reproductive Health, MCH/FP Program	11/1/95	10/31/98	\$1,850,000
	#5048-109	PNPF—Improving Access Through Community-Based Distributors	4/1/96	3/31/99	
	#5048-107	SANFAM—Community-Based FP/HIV/STD Project	9/1/95	8/31/98	
	#5048-110	Senegal MAPS	11/1/96	10/31/97	

SEATS II SUBPROJECT PORTFOLIO

Country	Project #	Name/Title	Start	End	Field support
Uganda	#5049-402	Uganda MAPS	10/1/95	10/31/97	\$1,525,438
	#5049-404	Uganda Private Midwives Association (UPMA) MAPS	4/1/98	12/31/99	
	PR #3 Site:	UPMA			
Zambia	#5048-381	Lusaka Urban District	4/1/96	4/15/99	\$475,000
	#5049-208	Lusaka Youth—Enhancing RH Services in Lusaka Urban District Through Youth Activities	10/1/97	4/30/99	
	#5048-383 PR #2 Site:	Zambia MAPS—MAPS Regional Initiative World Vision	10/1/97	9/30/99	

SEATS II SUBPROJECT PORTFOLIO

Country	Project #	Name/Title	Start	End	Field support
Zimbabwe	#5049-369	Bulawayo Training—Support for Quality Improvement and Training	3/1/96	2/28/99	\$1,550,000
	#5049-370	Bulawayo VSC—Expanded Access	4/1/96	5/1/99	
	#5049-367	Chitungwiza—Comprehensive Training for Quality Improvement	10/1/95	10/14/98	
	#5049-368	Gweru Urban FP Service Delivery: Support for Quality Improvement and Training	3/1/96	2/28/99	
	#5049-206	Gweru Youth RH Project	7/1/97	6/30/99	
	#5047-371	Zimbabwe MAPS—Expanding FP/STI Service Provision by Private Nurses and Midwives	1/1/97	12/31/98	
Regional	# 5047-040	The Family Planning Integration Initiative (FPPI)	3/30/95	1/31/97	
	#5048-118	Launch of Midwifery Association Partnerships for Sustainability (MAPS)	3/1/95	1/31/96	\$750,000

SEATS II

ACTIVITIES IN COUNTRIES

Africa	Service Expansion	Method mix expansion	Long-term permanent methods	Clinical training	Counseling	Supervision/referral	Monitoring & evaluation, MIS	Logistics	Equipment procurement	Safe motherhood	LAM/Breastfeeding	Post-abortion care	STIs/HIV/AIDS	Dual protection methods	FGM	IEC/Demand creation	Quality of care	Sustainability	Leveraging	CBD	Working with NGO/PVOs	Institution building	Strategic planning	Management training	Policy development	Business development	Focus on youth	Focus on urban	Focus on midwives	Focus on integration	Focus on literacy	Partner Organization
Eritrea	✓	✓		✓	✓	✓	✓	✓	✓	✓			✓		✓	✓	✓	✓		✓	✓	✓	✓		✓		S		✓			MOH, HUEYS(NGO)
Guinea	✓																✓	✓			✓	✓	✓		✓		S	S			S	Municipalities, MOH
Mozambique	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓		✓	✓		✓	✓	✓		✓	✓	✓			✓		S	✓		S	✓	MOH, CSPVOs(4), Municipalities

Africa	Service Expansion	Method mix expansion	Long-term permanent methods	Clinical training	Counseling	Supervision/referral	Monitoring & evaluation, MIS	Logistics	Equipment procurement	Safe motherhood	LAM/Breastfeeding	Post-abortion care	STIs/HIV/AIDS	Dual protection methods	FGM	IEC/Demand creation	Quality of care	Sustainability	Leveraging	CBD	Working with NGO/PVOs	Institution building	Strategic planning	Management training	Policy development	Business development	Focus on youth	Focus on urban	Focus on midwives	Focus on integration	Focus on literacy	Partner Organization
Senegal	✓	✓		✓	✓	✓			✓	✓	✓		✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	S	S	S		S	MOH, SANFAM, ASBEF, ANSFS, (NGOs), Municipalities	
Uganda	✓	✓		✓	✓	✓	✓		✓	✓			✓			✓	✓	✓	✓	✓	✓	✓	✓		✓	S		S			UPMA(NGO), MOH	
Zambia	✓	✓		✓	✓	✓	✓		✓	✓			✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	S	S	S	S		Municipalites, ZNA(NGO), CARE(PVO), MOH	
Zimbabwe	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓		✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	S	S	S	S		ZNFPC, Municipalities, ZINA(NGO)	

S = SEATS Special Initiatives in these areas

✓ = Activities in these areas

* SEATS worked in Burkina Faso and Cameroon during PY01

ANE	Service Expansion	Method mix expansion	Long-term permanent methods	Clinical training	Counseling	Supervision/referral	Monitoring & evaluation, MIS	Logistics	Equipment procurement	Safe motherhood	LAM/Breastfeeding	Post-abortion care	STIs/HIV/AIDS	Dual protection methods	FGM	IEC/Demand creation	Quality of care	Sustainability	Leveraging	CBD	Working with NGO/PVOs	Institution building	Strategic planning	Management training	Policy development	Business development	Focus on youth	Focus on urban	Focus on midwives	Focus on integration	Focus on literacy	Partner Organization
Albania	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓			✓			✓		✓	✓	✓	✓		MOH, AFPA, UNFPA, Institute of PH, Medical Institute	
Bangladesh																								✓								
Cambodia	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓		MOH, RHAC, CMA, RACHA	
India	✓						✓									✓	✓	✓			✓	✓	✓						S		PLAN (PVO)	
Jordan																								✓							PRB	

ANE	Service Expansion	Method mix expansion	Long-term permanent methods	Clinical training	Counseling	Supervision/referral	Monitoring & evaluation, MIS	Logistics	Equipment procurement	Safe motherhood	LAM/Breastfeeding	Post-abortion care	STIs/HIV/AIDS	Dual protection methods	FGM	IEC/Demand creation	Quality of care	Sustainability	Leveraging	CBD	Working with NGO/PVOs	Institution building	Strategic planning	Management training	Policy development	Business development	Focus on youth	Focus on urban	Focus on midwives	Focus on integration	Focus on literacy	Partner Organization
Kyrgyz Rep	✓			✓	✓		✓		✓		✓		✓			✓	✓	✓			✓	✓								✓		MOH, WORLD BANK, UNFPA, ABT, FGP Association (FGPA)
Russia	✓	✓	✓	✓	✓		✓		✓		✓		✓			✓	✓	✓						✓		✓	✓	✓	✓			MOH, Municipalities, Medical Institutes & Colleges
Turkey	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓			✓	✓	✓		✓		✓	✓	✓								SSK, MOH, Turk – Is
West Bank/Gaza							✓	✓		✓							✓	✓			✓	✓	✓									CARE, Pop Council, UPMRC, UHWC, PFS, HDIP, PNA

S = SEATS Special Initiatives in these areas

✓ = Activities in these areas

* SEATS worked in Burkina Faso and Cameroon during PY01

SEATS II FIELD PROGRAM ACTIVITIES

I. AFRICA

A. Eritrea: 1996-1999

Summary: SEATS II worked with other USAID projects, bilateral and global, in partnership with government and private agencies, to increase access to family planning and reproductive health information and services; to improve capacity for strategic planning within the Ministry of Health (MOH); to increase client demand for information and services; and to make services and information more appropriate and accessible for youth.

Partners and Collaborating Organizations: In implementing a portfolio of four subprojects and related activities, SEATS II worked with Eritrean organizations including the MOH; Ministries of Finance, of Transport and Communications, and of Information; the National Union of Eritrean Youth and Students (NUEYS); the National Union of Eritrean Women (NUEW); and the Planned Parenthood Association of Eritrea (PPAE). Other USAID-funded projects with which SEATS II collaborated include Basic Support for Institutionalizing Child Survival (BASICS), Opportunities for Micronutrient Interventions (OMNI), MotherCare (safe motherhood), and Population Services International (PSI) (contraceptive social marketing).

Background and Program Description: After decades of war and struggles for independence, Eritrea became a nation in 1993. Among the country's enormous needs, health care infrastructure and service delivery systems were a high priority. In the health sector, USAID aims to help Eritrea improve availability of and access to integrated primary health care (PHC) services, promote policies for PHC service delivery, enhance management capacity at the national level for managing PHC services, and enhance client demand for and quality of PHC services.

Toward those results, SEATS II implemented the family planning and reproductive health component of the USAID-funded Eritrean Health and Population Project and other subprojects. SEATS activities in Eritrea included:

- ◆ MOH: Every Opportunity—Eritrea Family Planning Service Delivery
- ◆ NUEYS: Access for Youth to FP/RH Service Delivery
- ◆ MOH: Safe Motherhood Initiative
- ◆ PPAE: Institutional Strengthening and Expansion of Family Planning and Reproductive Health Services. The implementation of this component was stopped when the Government of Eritrea changed its policies to absorb the PPAE into the MOH.

Key features of SEATS II programming in its three geographic zones of operation were: training zonal and local-level staff in family planning and reproductive health; providing equipment and commodity/material support for service providers; developing training curricula and guidelines for quality training and service delivery; training providers in safe motherhood life-saving skills; providing technical assistance to support national-level and zonal-level advocacy; and planning safe motherhood and reproductive health protocol development. Also, SEATS II worked with NUEYS to address education, counseling, and advocacy for youth, as well as strategies to end the practice of female genital mutilation.

Although SEATS II and its partners made important progress in these areas, in mid-1998, renewed violence and border conflict with Ethiopia interrupted ongoing development efforts. Government priorities returned to issues of national defense--including shifting the attention of the Ministry of Health to emergency needs brought on by war and threats of violence. The country's limited human, material, and financial resources were held in reserve for potential emergencies. After expatriate staff were evacuated for the second time in early 1999, SEATS II continued to provide support from ARO in Harare, Zimbabwe. For a more complete description of the accomplishments of Eritrea's reproductive health programs in the midst of this conflict, see the November 1998 SEATS publication, *Establishing and Maintaining Reproductive Health Programs in Countries Coping with the Effects of War and Civil Strife: Experiences in Albania, Eritrea, and Cambodia*.

B. Guinea: 1997-1999

Summary: USAID/Guinea supports strengthening the private sector, advancing the democratization process, and developing human resources through education and health improvement. Consistent with these efforts, SEATS II Urban Initiative (UI) was first introduced to Guinea in 1996. After representatives from Guinea visited and participated in Senegal's UI activities, their interest and commitment grew rapidly. By mid-1998 the SEATS II Urban Initiative in Guinea was launched. Since its inception, an increasing number of partners, participants, and donors in country have joined to support the program.

Partners and Collaborating Organizations: The major partners in the UI are the Ministry of Public Health; the Ministries of Decentralization, Youth, and Plan and Coopération; and seven communes. Other collaborators and supporters include the Association Guinéenne de Bien Etre Familial, Option Santé Familiale, a PSI affiliate; Projet Planification Familiale et Santé/Guinée, an MSH-managed bilateral; the European Union (EU); the United Nations Population Fund (UNFPA); and Coopération Française.

Background and Program Description: SEATS II's Urban Initiative in Guinea assisted municipal officials and their private-sector partners to maximize resources for reproductive health care and to plan more effectively for future service delivery needs. Evidence-based program design and public-private sector partnerships were essential elements of the strategy, as was a commitment to adapting activities to meet local needs. City-to-city cooperation, increased knowledge and use of "best practices" by municipal workers, and more efficient use of existing resources resulted. Some key elements of the Guinea UI include:

Research: A research portfolio including a major reproductive health literature review and complementary urban qualitative and quantitative research was completed, with existing data used whenever possible. Findings were presented to municipal officials, urban leaders, donors, and private-sector representatives brought together in various working groups.

Action Plans: Based on research findings and participant expertise, working groups produced action plans that reiterated priority reproductive health problems and set forth solutions and further research needs. The plans were presented to a broad audience, helping to foster relationships among mayors and other communal officials, and donors and other development partners with implications for sustainability and leveraging of funds in the future. Round-table discussions between donors and municipal officials resulted in better understanding of procedures for accessing available resources and improving the quality of the project plans. Training and other management and implementation assistance needs were also identified at this time.

Implementation: Less than a year from its inception, individual municipalities and working groups were implementing selected portions of their plans, using their own resources supplemented by those from donors, municipal development loans, NGO partnerships, and SEATS II. SEATS II and other groups continue to provide support and technical assistance.

Results: Throughout the process, skills and organizational relationships that support long-term reproductive health programs were built among underused groups such as municipal service providers, and opportunities to build and use local capacities were identified. The Guinea UI produced evidence-based approaches to designing urban service delivery models; empowered municipal-level officials to become advocates for sustainable reproductive health delivery; and maximized use of available reproductive health resources by creating coalitions among sectors and among institutions.

C. Mozambique: 1997-1999

Summary: SEATS II began working in Mozambique in 1997 in response to USAID's strategic objective to "increase use of essential maternal and child health/family planning services in focus areas." Under SEATS II's initiative to integrate reproductive health into the portfolios of development PVOs, SEATS II provided technical assistance, training, and capacity-building assistance in three provinces and at the national level to four international PVOs. SEATS II also worked with Save the Children/US (SCF/US) and ActionAid to integrate family planning and reproductive health into the Action Aid "REFLECT" literacy program.

Partners and Collaborating Organizations: SEATS II's PVO subproject partners in Mozambique included SCF/US, Terre des Hommes (TdH), Health Alliance International (HAI), and World Relief Corporation (WRC). Also, SEATS II worked with the literacy efforts of ActionAid. At the central/national level, SEATS II worked with the Ministry of Health and with PVOs participating in workshops, seminars, and study tours. Other USAID-supported agencies and international organizations with which SEATS II collaborated include Pathfinder International, BASICS, University Research Corporation, Medical Care Development International, German Development Agency (GTZ), Food for the Hungry, and Italian Cooperation.

Background and Program Description: With a population of 16 million, and after many years of civil war, Mozambique has only recently shifted its attention from emergency and relief priorities to longer-term development efforts. Although infrastructure and resources remain scarce, international assistance and a nationwide commitment to implement sound development programs are showing promising results. USAID requested that SEATS II provide assistance to PVOs in Sofala, Manica, and Gaza Provinces to help integrate family planning and reproductive health services and information activities into their existing portfolios. SEATS II responded by planning and implementing four subprojects:

SCF/US—Gaza Province: Including reproductive health in survey and data collection activities; IEC activities; training of community-based contraceptive distributors (CBDs); and improving quality of care through workshops, training at provincial and national levels, training follow-up, and related technical assistance.

TdH—Sofala Province: Development and use of IEC materials to promote reproductive health; collection and use of FP/RH data in program decisions; training of CBDs and traditional birth attendants; and participation in national-level activities with technical assistance as needed.

HAI—Sofala and Manica Provinces: Assessment of FP/RH information and needs; training of providers in STD prevention/treatment and family planning; provision of essential equipment; and initiation of an urban project in Beira.

WRC—Gaza Province: FP/RH needs assessment; IEC activities; training of clinical providers and CBDs; STDs/AIDS training; special quality, sustainability, and monitoring/evaluation assistance.

In addition to subprojects, SEATS II worked with other USAID-funded partners on family planning and reproductive health at the national/MOH level. Technical assistance to catalogue and evaluate IEC materials, workshops to review FP/RH policies and promote CBD, and study tours to examine programs in other countries were all supported by SEATS II. WRC/Gaza was selected as one of three implementation sites, including Zambia and India, to receive more intensive integration assistance. Under this special program, WRC received supplementary assistance in quality of care and quality improvement efforts; sustainability planning and activities; and monitoring, evaluation, and research capacity building.

D. Senegal: 1995-1999

Summary: SEATS II's efforts in Senegal complemented the USAID bilateral project, assisting the Ministry of Health and private organizations to make quality FP/RH services and information available. Through subprojects, targeted technical assistance, and support complementary to existing programs, SEATS II helped provide services to underserved groups and improve existing services. Four of SEATS II's special program focuses—Urban, Youth, Literacy, and MAPS--were implemented in Senegal, demonstrating the diverse nature of Senegal's National Family Planning Program and reflecting the broad-based needs that SEATS II was well-positioned to meet. SEATS II's partner, PATH, took the lead role in providing technical and managerial support to the Senegal program.

Partners and Collaborating Organizations: Through subprojects and other related activities and support, SEATS II worked with Senegal's Ministry of Health; Ministry of Youth and Sports; Ministry of Family, Maternal and Child Care; Ministry of Justice; Ministry of Agriculture; Ministry of Decentralization; National Family Planning Program (PNPF); and municipalities. Private partner organizations included Santé de la Famille (SANFAM), Association Sénégalaise de Bien-Etre Familial (ASBEF), Association Nationale des Sage-Femmes Sénégalaises (ANSFS), and Projet Alphabétisation Priorité Femme (PAPF). Other donors and collaborators with which SEATS worked included ACNM, Management Sciences for Health, the Population Council, JHPIEGO, AVSC International, Family Health International (FHI), The Futures Group International, Africare, BASICS, Pathfinder International, the International Planned Parenthood Federation (IPPF), The World Bank, United Nations Population Fund (UNFPA), and United Nations Development Fund for Women (UNIFEM).

Background and Program Description: USAID/Senegal aims to remove health and population barriers to achieving human and economic development. A key achievement toward this objective is to increase access to, demand for, and quality of services in the areas of maternal and child health, family planning, and sexually transmitted diseases, including HIV/AIDS. In 1995, SEATS II was approached to help support USAID/Dakar's objective and the goals and objectives of Senegalese partner institutions. A widely varied portfolio of subprojects and tailored technical assistance was developed over the following three years. Some highlights include:

- ◆ **ASBEF:** SEATS II helped develop services for 150,000 young adults in the Pikine area as a model for the country. Special efforts addressed issues of quality and sustainability.
- ◆ **SANFAM:** Refresher training for community-based contraceptive distributors and IEC activities helped increase knowledge of family planning and AIDS prevention. A special activity to help SANFAM develop and implement a business plan was initiated, as was a quality of care monitoring system.
- ◆ **MAPS:** SEATS II helped strengthen the capabilities of the national midwives association (ANSFS) through strategic planning assistance, membership support activities, quality efforts, training, and networking assistance. Urban Initiative: Municipal teams used existing data as decision-making tools to guide program planning and development; to actively engage municipal authorities and obtain their commitment to jointly developed program plans; and to leverage necessary resources for increased service delivery--especially to adolescents and young adults.
- ◆ **Women's Literacy Initiative (WLI):** SEATS II's partner, World Education, worked with the World Bank-funded national women's literacy program (PAPF) to introduce reproductive health issues and lessons into literacy materials in three local languages. The tested materials can serve as prototypes for other literacy programs in West Africa.
- ◆ **Continuous Quality of Care (CQI):** SEATS II's CQI program, known as EQUIPE in Senegal, is a national-level initiative for quality improvement that focuses on continuous problem solving while emphasizing community involvement and mobilization as well as monitoring and evaluation for results. Sites were chosen from SEATS' local partner organizations to expand and build upon their previous quality experiences. The goal was to make rapid improvements in quality and access to family planning and reproductive health services.

E. Uganda: 1996-1999

Summary: SEATS worked in Uganda to assist the USAID bilateral project, Developing Interventions for Sustainable Health (DISH), other donors, and other implementing agencies to bring about sustained improvement in the health of Ugandans, with emphasis on reproductive health care services. SEATS II efforts focused on working with the Uganda Private Midwives' Association (UPMA).

Partners and Collaborating Organizations: SEATS worked extensively with the UPMA through its subcontract with ACNM. SEATS II also worked closely with Pathfinder, the prime contractor for the DISH Project.

Background and Program Description: USAID/Kampala's goal in Uganda is to increase service use and change behaviors related to reproductive and maternal and child health through increasing the availability of services, improving skills of clinical service providers, improving service quality, and enhancing sustainability. USAID's health program aims to successfully implement new technologies and approaches; to enhance capacities for sustainable programs; increase demand, access, and quality; and improve health policies.

SEATS II's contributions were directed toward increasing access to and use of quality FP/RH services by expanding private midwifery practice nationwide and establishing mechanisms to monitor quality of services provided by private midwives in their clinics. SEATS also helped increase the sustainability of interventions by private midwives through capacity building with the UPMA, including training, monitoring, advocacy, and standard setting.

SEATS II's assistance helped to expand UPMA's role in significantly increasing access to high-quality FP/RH services by private midwives in Uganda. Through two subprojects and the establishment or improvement of 300 service delivery points, SEATS II facilitated the following UPMA achievements:

- Developed curricula and trained private midwives in business management skills and community mobilization;
- Increased UPMA's capacity to assist aspiring private midwives to establish, operate, and sustain private practices;
- Established UPMA's abilities in setting and implementing standards for private practice and for continuing certification to ensure private midwives provide high-quality services;
- Established UPMA as a center of excellence for in-service training in midwifery, MCH, and other reproductive health;
- Enhanced the financial self-sufficiency of UPMA by increasing active membership and acquiring and successfully operating a private UPMA clinic and training site;
- Improved UPMA's management capability, including computerization of membership and financial data, creation of a board of directors, and financial management training;
- Developed linkages among UPMA and other midwifery associations through SEATS II's MAPS regional activities, including workshops and study tours, and the ACNM;
- Provided training for UPMA leaders in proposal writing, fund raising, continuous quality improvement, and business and strategic planning.

F. Zambia: 1996-1999

Summary: USAID's goal in Zambia is to support selected sustainable improvements in health status by assisting the government in two strategic areas: family planning and HIV/AIDS prevention. The program aims to increase demand for and supply of modern contraceptive services and decrease [JOY—VERB CHANGE OK?] the spread of HIV/AIDS through public education, access to condoms, and cost-effective treatment of sexually transmitted diseases. SEATS II's contributions to the program included efforts to increase access to and use of integrated maternal and child health, as well as HIV/AIDS and other reproductive health interventions for adults and youth, particularly in urban areas.

Partners and Collaborating Organizations: To implement a portfolio of three subprojects and other assistance, SEATS II worked in close partnership with the Ministry of Health, Lusaka Urban District, General Nursing Council, Zambia Nurses' Association (ZNA), and the Central Board of Health. Other collaborators included the USAID bilateral project, Family Planning Services Project (also managed by JSI), and CARE, BASICS, The Population Council, Planned Parenthood Association of Zambia, John Hopkins Center for Communication Programs (JHU/PCS), and AVSC International.

Background and Program Description: The National Population Policy of the Zambian National Commission for Development Planning focuses on initiating, improving, and sustaining measures to slow the nation's high population growth rate. It is also directed at ensuring that all people have the right to decide freely the means of achieving the number and spacing of their children. Within this context, SEATS II initially focused on urban service expansion, modeled after successful urban family planning work done by CARE. Eventually, the SEATS II/Zambia program expanded to include the provision of services specifically designed for youth, institution strengthening, technical exchanges between participating country or city teams, and use of data-driven approaches to assess, design, and monitor projects. These activities were all in line with the restructuring and decentralization of the public-sector health services in Zambia. In addition, SEATS II worked with PVOs/NGOs under its program for PVO capacity building. World Vision (WV)/Zambia and NGO partners with which WV works received special assistance in quality, sustainability, and monitoring and evaluation to improve and expand their integrated family planning program.

Key SEATS II strategies in Zambia included:

- ◆ Integration with the USAID bilateral project;
- ◆ Replication of successful urban family planning service delivery model (CARE);
- ◆ Service expansion through training and demand creation;
- ◆ Focus on quality improvement through improved physical infrastructure, provision of equipment and consumable supplies;
- ◆ Method mix expansion;
- ◆ Use of SEATS II's urban approach and tools;

- ◆ Incorporation of youth-friendly approach in service delivery;
- ◆ Institution strengthening of the ZNA, including continuing education programs for members on family planning, prevention of sexually transmitted infections, including HIV, and the reproductive health needs of youth;
- ◆ PVO/NGO capacity building through training and technical assistance.

The Lusaka Urban, Lusaka Urban Youth and Zambia MAPS subprojects, as well as other supportive activities, such as PVO capacity building, all contributed directly to the objectives of the Zambia National Population Policy.

G. Zimbabwe: 1990–1999

Summary: SEATS has been in Zimbabwe since 1990 when ARO was established in Harare. USAID's goal in Zimbabwe is to facilitate equitable, sustainable economic growth by fostering an environment conducive to investment, reducing fertility, and increasing use of HIV/AIDS prevention measures. SEATS' assistance through subprojects and related activities helped to achieve progress toward these results.

Partners and Collaborating Organizations: SEATS II's primary partner in Zimbabwe was the Zimbabwe National Family Planning Council (ZNFPC). Others included SEATS II's partners ACNM, Initiatives, Inc., and AVSC International, Chitungwiza, Gweru, and Bulawayo municipalities, and the United Bulawayo and Mpilo General Hospital. SEATS II coordinated its efforts with AIDSCAP, Overseas Development Administration (U.K.) (now known as the Department for International Development), UNFPA, the World Health Organization (WHO), PSI, USAID's PROFIT Project, and JHPIEGO.

Background and Program Description: Through six subprojects, quality and sustainability planning and the implementation of special studies, SEATS efforts in Zimbabwe were designed to: promote sustainable urban family planning service delivery by strengthening training capacity within municipal health services in three to four cities; expand the use of long-term/permanent methods in selected municipalities; institute a supervision-linked process of CQI training and follow-up; and assess constraints and opportunities for service delivery in underserved districts, design and implement appropriate strategies and interventions, and assist in expanding contraceptive prevalence in selected low-prevalence districts.

SEATS II inputs were in support of USAID's bilateral projects, with a broad mandate to expand development of, access to and use of quality family planning and other reproductive health services to underserved populations. Illustrative achievements include 147 service providers trained; family planning training units established in two cities; renovation of a clinic to provide voluntary surgical contraception (VSC) in Bulawayo and other service delivery points in urban areas; and implementation of quality and sustainability plans. Special studies were conducted on the role of private nurses and midwives. Business management and community mobilization training were provided for midwives, doctors, and nurses.

Bulawayo VSC: Refurbished a VSC theater, trained provider teams, supported a VSC strategic workshop, and increased VSC availability and use.

Bulawayo Training: Refurbished service delivery points, established a training unit in the City Health Department, and increased youth access to FP services.

Chitungwiza: Provided family planning clinical training to nurses and upgraded facilities and equipment.

Gweru: Established a family planning training unit in the City Health Department.

MAPS: Increased the number of private nurse/midwife practitioners providing services for family planning and sexually transmitted infections and improved the quality of care.

Urban/Youth: Improved the reproductive health of young adults through improved access to quality information and services; and trained 17 city nurses in skills for counseling youth.

Dual Protection: Developed and evaluated a multi-level clinic and community-based outreach and social marketing intervention in an urban setting for the promotion of dual protection, in other words, simultaneous use of a condom for protection against infection and a more effective method for protection against pregnancy.

II. ASIA/NEAR EAST

A. Albania: 1995-1999

Summary: SEATS II worked to enhance the ability of Albanian families to make informed choices that allow them to achieve their reproductive intentions. Activities to improve knowledge and skills of FP/RH service providers and increase the number and quality of service delivery points in the public and private sectors supported USAID's goal to improve sustainability of social benefits and services through new technologies and increased capacities and resources.

Partner and Collaborating Organizations: Through a subproject, special study, and related assistance, SEATS II worked primarily with the MOHE and Environment and the Albanian Family Planning Association (AFPA). Other partners included PATH, the Independent Forum of Albanian Women, and the Health for All Foundation. SEATS II also coordinated efforts with UNFPA, Phare Project, PSI, Marie Stopes International, and American International Hospital Alliance.

Background and Program Description: SEATS II began working in Albania in 1995, when a reproductive health assessment was undertaken by USAID/Washington and SEATS II staff for USAID/Albania. The assessment revealed a serious lack of basic information and services resulting from 50 years during which family planning was strictly forbidden. SEATS II was able to implement many activities despite civil unrest, frequent travel bans in 1997-1999, frequent gaps in communications, electricity, and other services, poor infrastructure, and Islamic fundamentalist threats against the U.S. presence. (For more information on implementing reproductive health activities in the midst of conflict, see our November 1998 publication, *Establishing and Maintaining Reproductive Health Programs in Countries Coping With the Effects of War and Civil Strife: Experiences in Albania, Eritrea, and Cambodia.*)

SEATS II enjoyed an exceptional reputation for support to services in the public and private sectors—indeed, for any local group promoting reproductive health. Toward USAID's objectives to increase access to health education and to increase quality of and improve access to health services, SEATS II aimed: to reach 30,000 Albanians with FP messages, disseminate high-quality FP information, train service providers, and contribute to the effective provision of FP services in several regions and districts selected in coordination with the Ministry of Health and UNFPA.

In partnership with the MOH and the AFPA, SEATS II:

- ◆ Trained a master training team in contraceptive technology, counseling, and training methodologies;
- ◆ Conducted a series of workshops for pharmacists in basic contraceptive technology and counseling skills;
- ◆ Developed a national logo promoting and identifying quality services;
- ◆ Developed, and disseminated nationally, counseling cue cards and a quarterly newsletter for service providers;
- ◆ Conducted focus group research on women's attitudes towards family planning; Developed and disseminated report on the research entitled *We Want to Know Everything About It: Albanian Women Speak About Family Planning.*

Despite many obstacles, SEATS II's strategy continued to be directed at meeting basic service delivery needs in Albania through three priority program components: supporting the development of quality RH services, primarily through training and equipping service sites; developing and widely disseminating IEC materials and media messages promoting the concept of FP and the improved services; and strengthening contraceptive distribution and logistics management information systems.

Funding for SEATS II's efforts in Albania came from the USAID Support to East European Democracy Act.

B. Cambodia: 1996-1999

Summary: Decades of war and civil unrest have left Cambodia with a ravaged infrastructure and severely limited human and financial resources. Despite these challenges, SEATS II has worked successfully with public and private sectors to increase and improve FP/RH services. (For more information on implementing reproductive health activities in the midst of conflict, see our November 1998 publication, *Establishing and Maintaining Reproductive Health Programs in Countries Coping with the Effects of War and Civil Strife: Experiences in Albania, Eritrea, and Cambodia*.) USAID aims to improve health status in Cambodia by increasing the capacity of service delivery systems, increasing HIV/AIDS/STD prevention, improving logistics management, promoting safe motherhood, strengthening leadership roles of public and private entities, and improving management capacity. SEATS II's work contributed to those objectives.

Partners and Collaborating Organizations: SEATS II's major partners in Cambodia were the MOH, the Reproductive Health Association of Cambodia (RHAC), and the Cambodia Midwives Association (CMA). A joint project was implemented with BASICS and AVSC International with a wide variety of activities in public and private sectors. Other partners and collaborators included the Cambodian National Pharmacists Association, IPPF, Japan International Cooperation Agency (JICA), Médecins Sans Frontières, PSI, PATH, United Nations Development Programme (UNDP), UNFPA, WHO, and World Vision.

Background/Program Description: In a joint project with BASICS and AVSC International known as the Reproductive and Child Health Alliance (RACHA), SEATS II:

- ◆ Implemented new activities in reproductive health, including family planning, and safe motherhood with provincial focus teams;
- ◆ Expanded the revised essential drugs logistics management policies and procedures nationwide and implemented a logistics management training program;
- ◆ Implemented a Life-saving Skills Training of provincial hospital health care providers;
- ◆ Implemented a Pathway Study to integrate maternal health into verbal autopsy.

SEATS II also undertook activities with other Cambodia-based organizations to contribute to achieving health objectives. They were:

Reproductive Health Association of Cambodia (RHAC) With RHAC SEATS II:

- ◆ Supported and expanded reproductive health clinics
- ◆ Expanded community-based contraceptive distribution program
- ◆ Introduced NORPLANT® implants to Cambodia and diversified contraceptive method mix
- ◆ Implemented youth program

- ◆ Developed IEC and marketing strategies
- ◆ Trained counterparts and provided technical assistance in institutional development, leveraging, funding, and strategic planning
- ◆ Promoted quality in supervision plans, clinical protocols, and staff training.

Cambodian Midwives Association (CMA) In support of CMA, SEATS II:

- ◆ Provided technical assistance in institutional development for membership growth and services
- ◆ Developed a continuing education curriculum and provided training
- ◆ Promoted participation in policy development

Highlights of SEATS II's achievements in Cambodia include:

- ◆ **Logistics Management:** Stock surveys at 40 clinics; information system development for the Essential Drugs Department of the MOH; in-country training of pharmacists; and U.S.-based training of provincial personnel.
- ◆ **Private-Sector Providers:** Strengthening of 1) service delivery through training and institutional development support for pharmacists and midwives; 2) information dissemination services; and 3) public-private sector collaboration.
- ◆ **Service Integration:** Integration of FP/RH in PVOs and NGOs, especially in underserved areas; support provided to organizations interested in expanding birth spacing activities and providing health information and services through their community development activities.

C. Kyrgyzstan: 1998-1999

Summary: SEATS II works in collaboration with other USAID/Central Asian Republics (CAR) projects and international donors to establish accessible primary health care in Kyrgyzstan through recently-established Family Group Practices (FGPs). Specifically, SEATS II assists with integrating quality RH/FP services into FGPs throughout Kyrgyzstan and seeks to strengthen the FGP Association (FGPA). Activities include short-term technical assistance, equipment procurement, IEC materials, contraceptive distribution support, and, if necessary, and training.

Partners and Collaborating Organizations: SEATS II collaborates with the MOH, the Republican Center for Continuing Education, the National Medical Academy, the Marriage and Family Center, and the Center for Human Reproduction. SEATS II works closely with the USAID-supported Abt Associates/Zdrav Reform project, tasked with broad health care reform, and draws from previous USAID and international donor activity in reproductive health and family planning. SEATS II complements activities of other international donors in Kyrgyzstan such as the World Bank and the Asian Development Bank.

Background and Program Description: Since the breakup of the Soviet Union, Kyrgyzstan has undergone tremendous political and social upheaval. Despite being considered among the most democratic and reform-oriented countries in Central Asia, Kyrgyzstan is experiencing painful changes during this time of transition to a market-based economy. One of the sectors of society that suffers the most from the transition and has a direct impact on the population is health care. Kyrgyzstan has boldly moved forward with the creation of FGPs as a means to increase availability of comprehensive primary health care to the population. One aspect of primary health care that has been identified as particularly weak is women's reproductive health.

USAID/CAR designated SEATS II to assist with ensuring the provision of quality RH services through FGPs and strengthening the FGPA. SEATS II seeks to increase access to and use of high-quality family planning and reproductive health services at FGPs by focusing on improving provider clinical and counseling skills, providing the equipment needed for quality reproductive health care, providing appropriate client materials, and setting up the FGPA as a technical clearinghouse.

SEATS II Project activities began in Kyrgyzstan in July 1998, and include the following:

- ◆ **Services:** SEATS II ensures that newly established FGPs have the necessary skills, equipment, supplies, and information to provide quality services and thus expand access to and quality of FP/RH services in the focus project sites.
- ◆ **Training:** SEATS II builds on substantial USAID support to the RH/FP training sector to ensure that state-of-the-art information, materials, and techniques are fully integrated into national in-service training institutions such as the Republican Center for Continuing Education. These institutions are vehicles for implementing roll-out training activities during and after SEATS II. SEATS II supports RH/FP training of FGP service providers to improve the access to and quality of RH/FP services offered by the newly-established FGPs.
- ◆ **Strengthening of FGPA:** SEATS II collaborates with the FGPA to help establish the FGPA as a technical clearinghouse for RH/FP supplies and materials. SEATS II works with the FGPA to ensure the provision of medical equipment, IEC and training materials, and supplies to the FGPs.
- ◆ **Equipment, Materials, and Supplies:** SEATS II provides basic reproductive health equipment; supplies; and IEC, and training materials, as needed, to functioning FGPs in the program areas. Equipment may include specula, IUD insertion and removal kits, and other instruments. IEC materials include an all-method family planning brochure and poster. These materials are distributed through the FGPA.

SEATS II's RH/FP activities will have an impact on every region of the country by the end of 1999, including over 1,000 service providers trained and over 375 service delivery points improved.

D. Russia: 1995-1997

Summary: In November 1994, USAID/Russia initiated a four-year Women's Reproductive Health Project (WRHP) to decrease high rates of maternal mortality and morbidity by promoting change in current family planning information and service delivery systems, leading to greater adoption of modern contraception as an alternative to repeat abortion. Although the project was initiated in Western Russia, SEATS II was asked to lead the effort in two additional sites—one in Siberia (Novosibirsk Oblast); and the second in the Russian Far East (Primorsky Krai).

Partners and Collaborating Organizations: The WRHP was implemented through a variety of CAs, including AVSC International, JHPIEGO, JHU/CCP, SOMARC, the Centers for Disease Control and Prevention (CDC), and USAID's Policy Project. SEATS II's primary collaborators were the MotherCare Project and SEATS II's partners PATH and AVSC International, with which SEATS II worked jointly at the two sites. Local partners were oblast, krai, and city health administrations of the target sites.

Background and Program Description: The WRHP included activities in IEC for the general public about the safety and health benefits of modern contraception. It also included development of model family planning centers, enhancement of existing reproductive health curricula, improved availability of contraceptives in the private sector, and policy dialogue at the local level. In the two SEATS/MotherCare sites, activities were focused on developing model family planning training centers. Objectives included:

- ◆ Increased knowledge and use of modern contraceptives;
- ◆ Enhanced client-centered approach to service delivery;
- ◆ Enhanced knowledge and skills of RH/FP service providers and trainers; and,
- ◆ Strengthened capacity of key training institutions.

To ensure the greatest synergy among all the USAID-supported sites, consistent standards and protocols were used at the SEATS/MotherCare sites: and every effort was made to adopt the approaches and practices already introduced by other international agencies implementing the program at the other sites with their Russian counterparts. SEATS/MotherCare coordinated closely with all of the other WRHP associates. This careful collaboration was reflected in a consistent approach to training, common use of existing IEC materials, data collection using standardized forms, and regular coordination meetings.

Activities were implemented at the two sites based on Memoranda of Understanding with Russian partner institutions outlining specific objectives and responsibilities. Pilot service sites received training, reporting assistance, equipment, and materials, and a "starter" supply of contraceptives. Training institutions also received training, equipment, and materials.

The SEATS/MotherCare Russian counterparts took the new information and approaches, assessed their applicability, and integrated them as appropriate into their work. Excellent specialists and trainers were trained and subsequently were successful bringing the program to life. Family planning was firmly established in the working plans of city health administrators. Contraceptive method mix was successfully expanded, overcoming persistent negative perceptions of the safety of modern hormonal methods. Experimental sites worked successfully, providing examples to other institutions. A new wave of medical personnel offered improved services. Plans were developed for expanding to neighboring sites and enriching future activities.

E. Turkey: 1992-1997

Summary: Despite a trend toward stable low fertility in recent years, Turkey still has a high unmet need for family planning services. The Soysal Sigortalar Kurumu (SSK) is a government social insurance agency whose network serves one third of the population, or about 22 million people. It is a significant entry point for service programs. In 1992, USAID requested that SEATS work with the SSK to expand and improve family planning services, fully equip several training centers, and help establish management and logistic systems and practices that might ensure sustainability. The success of these efforts was notable, as SSK family planning training centers have attained a level of excellence such that they serve not only as models for training within SSK, but also as models for replication in other health areas, departments, and institutions.

Partners and Collaborating Organizations: SEATS II's activities in Turkey focused exclusively on the SSK, which falls under the Ministry of Labor and Social Insurance. Collaboration with the MOH, the Federation of Turkish Labor Unions (Turk-Is), and a host of health facilities was essential to the success of the program. USAID's Family Planning Logistics Management (FPLM) Project, also managed by JSI, was an important partner in designing and implementing appropriate logistics management systems.

Background and Program Description: SEATS II's efforts in Turkey were focused on service delivery, policy, training, and IEC. In each of these areas, special attention was devoted to sustainability and to quality management and quality of care.

Service Delivery: SEATS II helped SSK activate family planning service delivery in 80 of its 110 hospitals, generating an average of 40,000 CYP per quarter. The number of facilities delivering services continued to expand after the SEATS II subproject ended. The SSK is now providing outreach and educational training at work sites and in labor union education programs. Subproject activities included training; logistics; strategic planning; facility-based quality action teams; IEC; and more. Services have been made more sustainable through fostering a more strategic, coordinated approach. A quality improvement strategy to ensure appropriate services and CQI includes strengthening counseling skills, offering additional provider training in specific areas, and monitoring quality.

Policy: SEATS II worked with SSK management to strengthen management capabilities and commitment to family planning. Through training, study tours, technical assistance, and cost analysis exercises, family planning became more institutionalized, supported, and sustainable. SSK demonstrated its commitment in deciding to take over procurement of contraceptive commodities that had previously been provided by USAID.

Training: SEATS II assisted SSK with a comprehensive training program offered to service providers, fully equipping six training centers, providing comprehensive training materials, and training teams of trainers. The centers and training teams continue to provide high-quality training in family planning to new and existing SSK service facilities. The MOH certified all SSK training centers involved in the SEATS II program as qualified to provide high-caliber training to Turkish health personnel.